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1998 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas For Region 3

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Submitted to:

United Healthcare
Global Consulting
12125 Technology Drive
Eden Prairie, MN 55343
(612) 833-7149

Project Officer:

Mary Zastrow

Submitted by:

Mathematica Policy Research, Inc.
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
(202) 484-9220

Project Director:

Myles Maxfield

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Acronyms

ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
BRMCL	Branch Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NACC	Naval Ambulatory Care Center
NH	Naval Hospital
NMC	Naval Medical Center
NMCL	Naval Medical Clinic
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for the Region 3 catchment areas. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 3 sample included 17,721 adults. Overall, 6,128 Region 3 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 35.3 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctors on a scale from 0 to 10, non-active duty TRICARE Prime enrollees in Region 3 gave military PCMs (8.2) higher marks than civilian PCMs (7.3). Active duty enrollees rated military PCMs 7.7. Active duty enrollees rated PCMs highest at MacDill AFB (8.4), while non-active duty enrollees gave their highest ratings to military PCMs at Robins AFB, Shaw AFB and Patrick AFB (8.7).

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 5.9 at Fort Stewart to 7.3 at MacDill AFB, compared to the Region 3 average of 6.5. Non-active duty ratings of MTFs ranged from 6.7 at Fort Stewart to 7.8 at Shaw AFB and Fort Benning, compared to an average of 7.4.
- In Region 3 overall, and in most catchment areas, beneficiaries were more satisfied with CTFs than MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 45 percent of beneficiaries living out of catchment area to 76 percent at Patrick AFB. CTF satisfaction ranged from 61 percent at Robins AFB to 89 percent at MacDill AFB.

TRICARE Prime Enrollment Intentions

- In Region 3 overall, 6 percent of non-active duty Prime enrollees with military PCMs said they plan to disenroll from Prime. The planned disenrollment rate ranged from 3 percent at Robins AFB to 9 percent at Fort Stewart and NH Charleston.
- Nine percent of non-Prime beneficiaries under age 65 plan to enroll in Prime.

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Charleston AFB (5.1) and highest for beneficiaries at Fort Gordon (6.7), compared to the Region 3 average of 6.3 and CONUS MHS average of 6.1.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Region 3 catchment areas. The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 2 percent at Clearwater USCG Clinic to 34 percent out of catchment area, compared to the regional average of 25 percent. At Patrick AFB (3 percent), Moody AFB (5 percent), and Robins AFB (6 percent), fewer than 10 percent of beneficiaries reported "no understanding".

Access to Health Care

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 3 average (91 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. Only Fort Benning (83 percent) is significantly below the average for non-active duty enrollees (91 percent).
- Twenty-six percent of active duty TRICARE Prime enrollees in Region 3 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 3 catchment areas ranged from 19 percent at Fort Gordon to 39 percent at Fort Stewart. Long waits by non-active duty enrollees ranged from 3 percent at Moody AFB to 28 percent at Fort Stewart and Fort Jackson.

Access to Health Care

- TRICARE Prime enrollees in Region 3 frequently reported having a “big problem” getting referrals to specialists. Twenty-nine percent of active duty enrollees reported problems. More than 25 percent of active duty enrollees reported “big problems” in every catchment area (with a large enough sample for a reliable estimate) but MacDill AFB (5 percent).
- Fourteen percent of active duty and 10 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees at NH Beaufort and Fort Jackson (5 percent) reported the fewest problems.

Health Status and Health Care Use

Physical and Mental Health

- Region 3 MHS beneficiaries are in similar physical health and better mental health compared with the general U.S. population. Fifty-two percent scored below the 50th percentile of the U.S. population in physical health, 36 percent in mental health. Significantly more than half of Fort Jackson (58 percent), Fort Gordon (57 percent) and Fort Stewart (56 percent) beneficiaries scored below average for physical health.

Emergency Room Use

- The proportion of beneficiaries who used a MTF emergency room at least once ranged from 4 percent of non-Prime beneficiaries under age 65 to 22 percent of non-active duty Prime enrollees.
- Twenty-two percent of non-active duty TRICARE Prime enrollees visited a MTF emergency room at least once in the past year. More than one in three non-active duty enrollees at NH Beaufort (43 percent), Fort Benning (39 percent), Fort Jackson (35 percent), and Fort Stewart (34 percent) reported using a MTF emergency room.

- Forty-two percent of non-Prime beneficiaries age 65 or over at Fort Benning had one or more MTF emergency room visits, the highest rate in the region.

Use of Military Pharmacies

- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 3 (39 percent) and CONUS MHS (27 percent). Rates for this beneficiary group in Region 3 catchment areas ranged from 24 percent at Fort Gordon to 57 percent at Shaw AFB.
- In Region 3 overall, the proportion of retirees, survivors and dependents under age 65 filling 7 or more civilian prescriptions was 12 percent. More than one in five beneficiaries in this group relied on military pharmacies at Shaw AFB (25 percent) and NH Charleston (21 percent).

Use of Preventive Services

- Most catchment areas met or exceeded Healthy People 2000 goals for prenatal care, breast and cervical cancer screening, hypertension screening, and flu immunization.
- Ninety percent of pregnant women in Region 3 reported first trimester prenatal care. No catchment area was significantly below the Healthy People 2000 goal.
- Breast cancer screening rates averaged 91 percent in Region 3. The rate was highest at NH Jacksonville (97 percent). Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas with large enough samples to estimate the rates reliably.
- In all catchment areas where Pap smear rates could be reliably estimated, rates for active duty and non-active duty TRICARE Prime enrollees met or exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty women at Fort Benning, Fort Stewart, Shaw AFB, NH Charleston, and out of catchment area reported receiving Pap smears.
- Ninety-one percent of active duty enrollees in Region 3 were tested in the past two years and knew whether their blood pressure was high. The rate was highest at MacDill AFB (97 percent). Among non-active duty enrollees with military PCMs, the rate was highest at Robins AFB (96 percent).
- Beneficiaries in all catchment areas for which rates could be estimated reliably exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 68 percent out of catchment area to 89 percent at Fort Jackson.
- Among active duty men age 50 or over, 54 percent of active duty TRICARE Prime enrollees in Region 3 were screened for prostate disease in the past year, as were 64 percent of non-active duty enrollees. Screening rates for non-active duty enrollees were highest at NH Jacksonville and Patrick AFB (78 percent).

Performance Improvement Plan

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Region 3 but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Access to specialists
- Ability to diagnose health care problems

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Chapter

1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

This report presents the HCSDB results for individual catchment areas in Region 3. This catchment area report is one of four types of reports published from the 1998 HCSDB. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of primary care manager (PCM), and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 3 sample included 17,721 adults. Overall, 6,128 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 35.3 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Extra/Standard, coverage by supplemental insurance, attitudes toward Prime and Senior Prime, and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care, experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.
- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided, but are replaced by two asterisks (**).

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. There are no case mix adjustments in the catchment area report.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries in Region 3 catchment areas rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical

techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one “explanatory” variable on a particular outcome.

Exhibits

Most of the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as tables. Some are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in 2.3, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, “I am satisfied with the health care that I received at military (or civilian) facilities.” The X-axis displays the different catchment areas in the region.

Differences in estimates are not described unless the findings are significantly different ($p < 0.05$).

Performance Standards

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government’s *Healthy People 2000* goals for improving the nation’s health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter

2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDb survey questions:

- The first set of questions is new to the HCSDb. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDb surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Results are reported in Exhibit 2.3.

Key Findings

Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctors on a scale from 0 to 10, non-active duty TRICARE Prime enrollees in Region 3 gave military PCMs (8.2) higher marks than civilian PCMs (7.3). Active duty enrollees rated military PCMs 7.7. Active duty enrollees rated PCMs highest at MacDill AFB (8.4), while non-active duty enrollees gave their highest ratings to military PCMs at Robins AFB, Shaw AFB, and Patrick AFB (8.7).

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 5.9 at Fort Stewart to 7.3 at MacDill AFB, compared to the Region 3 average of 6.5. Non-active duty ratings of MTFs ranged from 6.1 by beneficiaries residing out of catchment area to 7.8 at Shaw AFB and Fort Benning, compared to an average of 7.4.
- In Region 3 overall, and in most catchment areas, CTFs were rated higher than MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 45 percent of beneficiaries living out of catchment area to 76 percent at Patrick AFB. CTF satisfaction ranged from 61 percent at Robins AFB to 89 percent at MacDill AFB.

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NH Jacksonville (0039)	61,397	7.5	8.5	7.7	8.3	8.7
MacDill AFB (0045)	45,933	8.4	8.2	6.8	8.7	8.8
Patrick AFB (0046)	3,373	**	8.7	**	**	**
Ft. Gordon (0047)	26,337	7.5	7.7	**	9.0	9.0
Ft. Benning (0048)	30,928	7.9	8.3	**	8.6	8.8
Ft. Stewart (0049)	17,319	7.5	8.6	6.8	8.3	**
Moody AFB (0050)	2,192	**	8.5	**	**	**
Robins AFB (0051)	3,438	7.6	8.7	**	**	**
Shaw AFB (0101)	9,661	8.3	8.7	**	8.7	**
NH Charleston (0103)	25,962	7.3	7.5	**	8.3	**
NH Beaufort (0104)	9,833	8.1	8.2	**	**	**
Ft. Jackson (0105)	22,614	**	8.5	8.5	8.4	8.8
Charleston AFB (0356)	1,725	7.6	**	**	**	**
Clearwater USCG Clinic (0422)	392	**	**	**	**	**
Out of catchment area (9903)	233,127	7.1	**	7.2	8.5	8.6
Region 3	494,228	7.7	8.2	7.3	8.5	8.7
CONUS MHS	3,437,063	7.7	8.1	7.7	8.3	8.7

Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of beneficiaries in Region 3 catchment areas are more satisfied with their PCM, personal doctor, or nurse than others
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

When asked to rate their personal doctor or nurse on a scale from 0 to 10, Region 3 beneficiaries' ratings ranged from 7.3 by non-active duty TRICARE Prime enrollees with civilian PCMs to 8.7 by non-Prime beneficiaries age 65 and over. Military PCMs were rated 7.7 by active duty enrollees and 8.2 by non-active duty enrollees.

Active duty enrollees' ratings of military PCMs ranged from 7.3 at NH Charleston to 8.4 at MacDill AFB. Military PCMs received a rating of 8.7 from non-active duty enrollees at Robins AFB, Shaw AFB, and Patrick AFB.

Non-active duty ratings of civilian PCMs ranged from 6.8 at MacDill AFB and Fort Stewart to 8.5 at Fort Jackson.

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating							
		Enrolled in Prime under age 65				Not enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NH Jacksonville (0039)	93,246	6.5	6.7	7.7	7.3	7.5	8.0	**	8.6
MacDill AFB (0045)	64,188	7.3	**	7.5	7.5	**	8.0	**	8.6
Patrick AFB (0046)	8,241	6.4	**	7.5	**	**	**	**	**
Ft. Gordon (0047)	38,690	6.8	**	7.4	8.5	7.1	8.4	8.9	9.0
Ft. Benning (0048)	46,271	6.6	**	7.8	**	6.0	8.7	**	8.3
Ft. Stewart (0049)	44,065	5.9	**	6.7	7.7	**	8.1	**	**
Moody AFB (0050)	6,484	6.3	**	7.6	**	**	**	**	**
Robins AFB (0051)	9,148	6.6	**	7.4	**	**	**	**	**
Shaw AFB (0101)	16,784	6.6	**	7.8	**	**	8.1	**	**
NH Charleston (0103)	37,633	6.5	**	7.4	7.4	**	8.2	**	8.1
NH Beaufort (0104)	19,050	6.5	**	7.5	7.3	**	**	**	**
Ft. Jackson (0105)	40,424	6.8	**	7.3	8.0	**	8.0	**	8.7
Charleston AFB (0356)	3,496	6.7	**	**	**	**	**	**	**
Clearwater USCG Clinic (0422)	980	6.3	**	**	**	**	**	**	**
Out of catchment area (9903)	260,921	6.6	6.9	6.1	7.6	7.6	8.3	**	8.3
Region 3	689,620	6.5	6.9	7.4	7.5	7.1	8.2	9.0	8.4
CONUS MHS	5,080,897	6.5	6.9	7.3	7.6	7.2	8.2	8.7	8.6

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of beneficiaries in Region 3 catchment areas are more satisfied with MTFs or CTFs compared with others in the region
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

When asked to rate the facility they used the most on a scale from 0 to 10, Region 3 beneficiaries' MTF ratings ranged from 6.5 by active duty enrollees to 9.0 by non-Prime beneficiaries age 65 and over. Non-active duty enrollees rated MTFs 7.4. CTF ratings ranged from 6.9 by active duty enrollees to 8.4 by non-Prime beneficiaries age 65 and over.

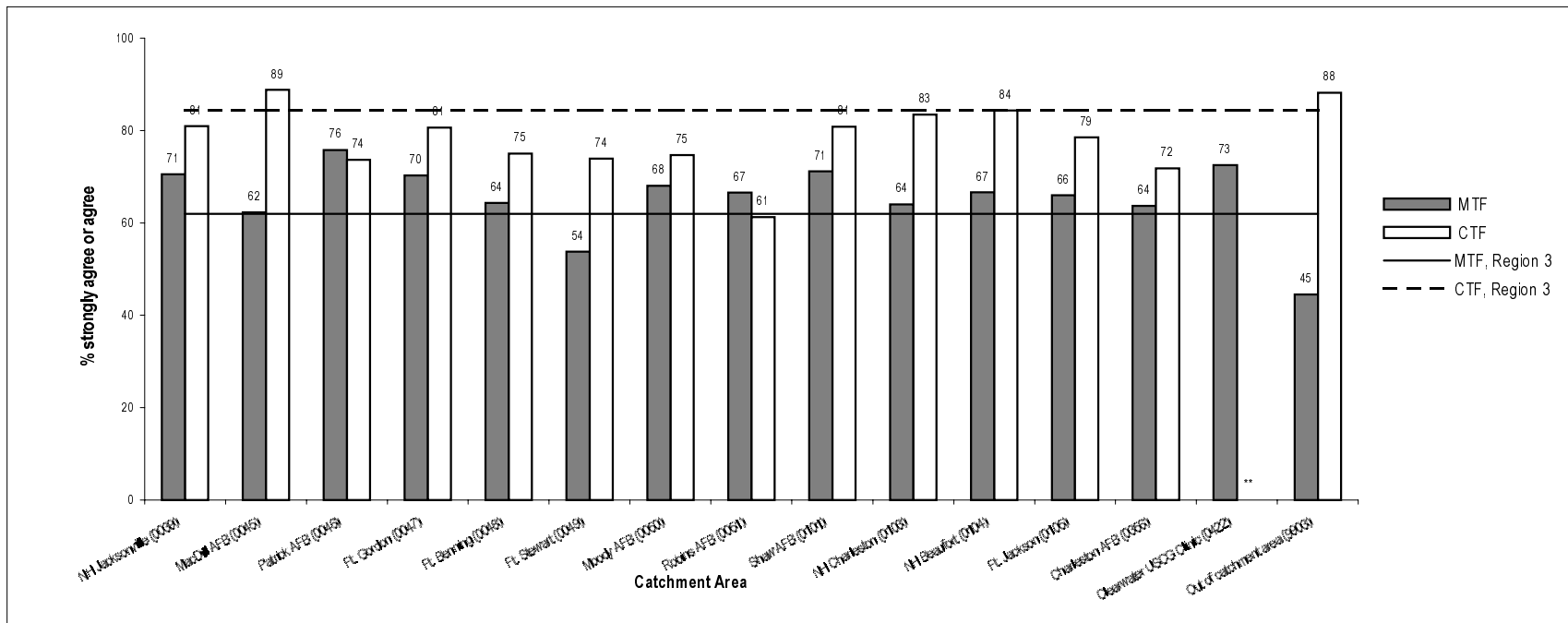
MTF ratings varied widely by catchment area. For example, while active duty enrollees at MacDill AFB rated MTFs 7.3, at Fort Stewart the rating was 5.9.

MTF ratings by non-active duty enrollees ranged from 6.1 by beneficiaries residing out of the catchment area to 7.8 at Fort Benning and Shaw AFB.

2.3 Satisfaction with Military and Civilian Care

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

7,341

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at MTFs or CTFs

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How satisfaction with MTFs and CTFs varies across catchment areas
- Whether beneficiaries are more satisfied with MTFs or CTFs

Findings:

The proportion of beneficiaries who were satisfied with care at MTFs ranged from 45 percent among beneficiaries living out of catchment area to 76 percent at Patrick AFB. Satisfaction with CTFs ranged from 61 percent at Robins AFB to 89 percent at MacDill AFB.

Beneficiaries reported greater satisfaction with CTFs than with MTFs in all catchment areas but Robins AFB. The amount by which CTF satisfaction exceeded MTF satisfaction was greatest outside of catchment area (43 percentage points).

Chapter

3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries, currently enrolled in TRICARE Prime responded to the question: “How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?” It also shows how non-active duty beneficiaries, *not* currently enrolled in TRICARE Prime responded to the question asking: “How likely are you to enroll in TRICARE Prime in the next 12 months?”
- Exhibit 3.2 shows how enrollees rated TRICARE Prime using a scale “from 0 to 10 where 0 is the worst and 10 is the best.”
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

Key Findings

TRICARE Prime Enrollment Intentions

- In Region 3 overall, 6 percent of non-active duty Prime enrollees with military PCMs planned to disenroll, compared to a CONUS MHS rate of 7 percent. The planned disenrollment rate ranged from 3 percent at Robins AFB to 9 percent at Fort Stewart and NH Charleston..

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Charleston AFB (5.1) and highest for beneficiaries at Fort Gordon (6.7), compared to the Region 3 average of 6.3.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Region 3 catchment areas. The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 2 percent at Clearwater USCG Clinic to 34 percent out of catchment area, compared to the regional average of 25 percent. At Patrick AFB (3 percent), Moody AFB (5 percent), and Robins AFB (6 percent), fewer than 10 percent of beneficiaries reported “no understanding”.

3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

Q.37: *If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?*

Q.39: *If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?*

Catchment Area (DMIS Code)	Population	Enrolled in Prime under age 65		Not Enrolled in Prime under age 65
		(Percent Intending to Disenroll)		(Percent Intending to Enroll)
		Military PCM	Civilian PCM	
NH Jacksonville (0039)	49,988	4.3	7.0	8.3
MacDill AFB (0045)	33,606	6.3	6.0	8.3
Patrick AFB (0046)	5,773	5.7	**	**
Ft. Gordon (0047)	24,130	7.5	4.6	9.7
Ft. Benning (0048)	21,249	3.6	**	24.8
Ft. Stewart (0049)	20,186	8.6	1.6	**
Moody AFB (0050)	3,349	5.0	**	**
Robins AFB (0051)	5,057	2.7	**	**
Shaw AFB (0101)	9,490	6.2	**	0.0
NH Charleston (0103)	22,749	8.8	**	2.2
NH Beaufort (0104)	7,069	5.6	**	**
Ft. Jackson (0105)	16,814	7.8	**	1.0
Charleston AFB (0356)	85	**	**	**
Clearwater USCG Clinic (0422)	131	**	**	**
Out of catchment area (9903)	123,565	7.3	3.8	8.2
Region 3	343,241	6.2	5.5	8.8
CONUS MHS	2,539,984	7.2	9.4	9.0

Population:

Non-active duty beneficiaries under age 65

What the exhibit shows:

- Whether TRICARE Prime enrollees, with the option to *disenroll* from TRICARE Prime, plan to disenroll
- How likelihood to *disenroll* from TRICARE Prime varies by type of PCM
- Whether beneficiaries in any catchment areas are more likely to enroll in TRICARE Prime than their counterparts in other catchment areas
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

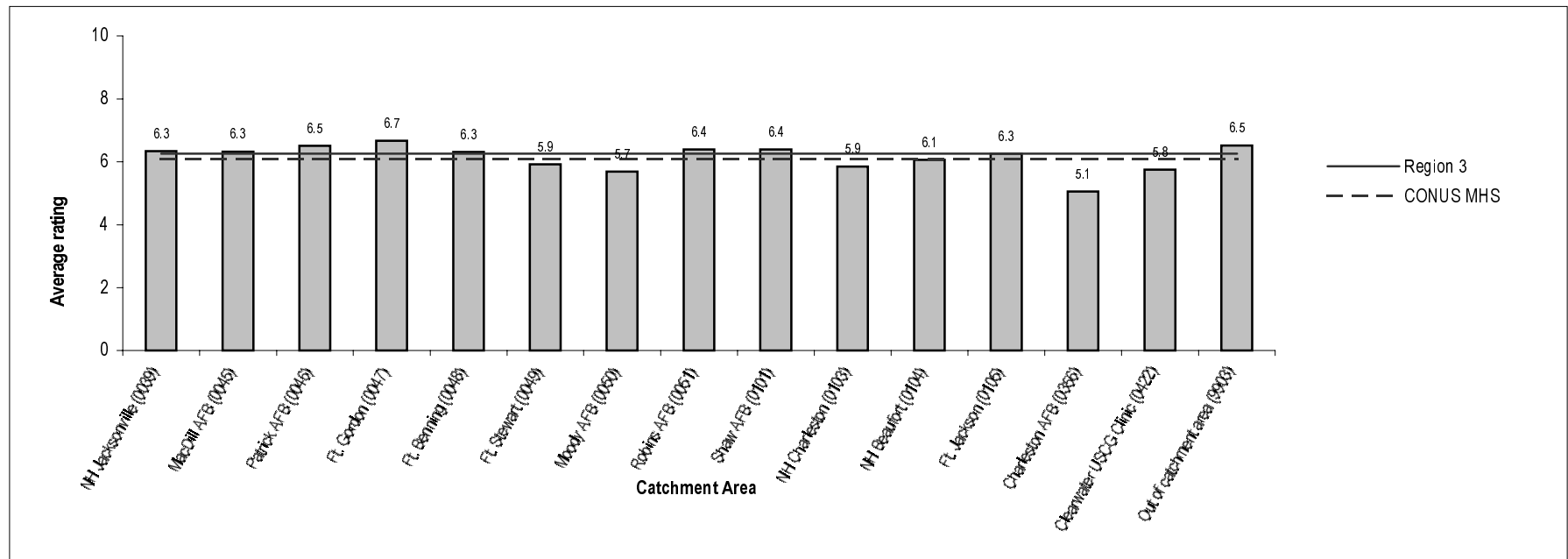
Six percent of non-active duty enrollees with military and civilian PCMs said they plan to disenroll from TRICARE Prime in the next 12 months. Nine percent of non-Prime beneficiaries under age 65 plan to enroll in TRICARE.

Among enrollees with military PCMs, plans to disenroll range from 3 percent at Robins AFB to 9 percent at Fort Stewart and NH Charleston.

3.2 Enrollees' Ratings of TRICARE Prime

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Use a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
TRICARE Prime enrollees

Sample size:
4,148

Vertical axis:
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
All catchment areas

Double Asterisks ():**
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some catchment areas than in others

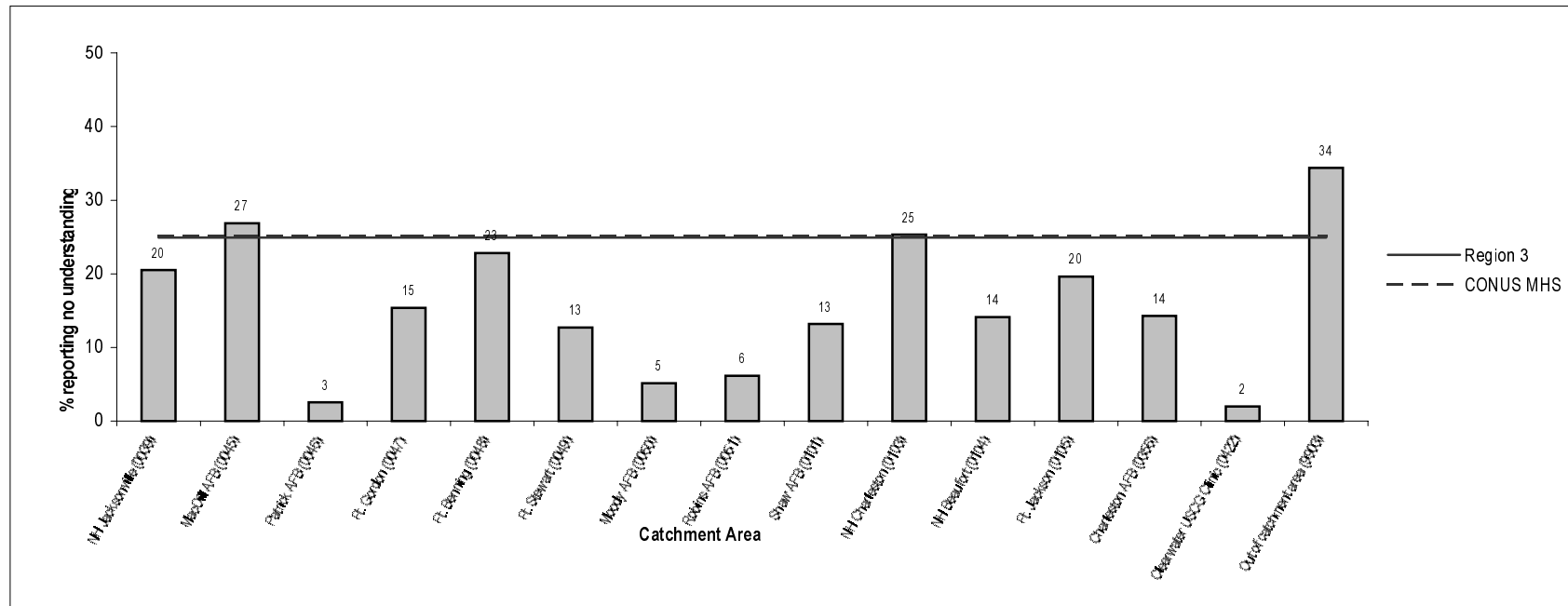
Findings:

When asked to rate the health plan they use the most on a scale from 0 to 10, enrollees in Region 3 rated TRICARE Prime 6.3.

Ratings of TRICARE Prime ranged from 5.1 at Charleston AFB to 6.7 at Fort Gordon.

3.3 Beneficiaries Reporting No Understanding of TRICARE

Q.32: How well do you feel you understand TRICARE overall?



Population:

All beneficiaries

Sample size:

437

Vertical axis:

Percent who report “no understanding” of TRICARE Prime

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates that value is suppressed because of insufficient sample size

What the exhibit shows:

- The proportion of beneficiaries who report *not* understanding the TRICARE system
- How findings vary across catchment areas

Findings:

Overall, 25 percent of Region 3 beneficiaries said they had “no understanding” of TRICARE.

The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 2 percent at Clearwater USCG Clinic to 34 percent among beneficiaries living out of catchment area.

Fewer than 10 percent of beneficiaries at Patrick AFB (3 percent), Moody AFB (5 percent), and Robins AFB (6 percent) said they had “no understanding”.

Chapter

4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF). (See Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked: "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem", is shown by type of health plan in Exhibit 4.4.

Key Findings

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 3 average (91 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. Only Fort Benning (83 percent) is significantly below the average for non-active duty enrollees (91 percent).
- Twenty-six percent of active duty TRICARE Prime enrollees in Region 3 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 3 catchment areas ranged from 19 percent at Fort Gordon to 39 percent at Fort Stewart. Long waits by non-active duty enrollees ranged from 3 percent at Moody AFB to 28 percent at Fort Stewart and Fort Jackson.

Access to Health Care

- TRICARE Prime enrollees in Region 3 frequently reported having a “big problem” getting referrals to specialists. Twenty-nine percent of active duty enrollees reported problems. More than 25 percent of active duty enrollees reported “big problems” in every catchment area (with a large enough sample for a reliable estimate) but MacDill AFB (5 percent).
- More than 1 in 10 active duty (14 percent) and non-active duty (10 percent) TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees at NH Beaufort (5 percent), Fort Jackson (5 percent), and MacDill AFB (6 percent) reported the fewest problems.

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NH Jacksonville (0039)	77,387	93.8	95.3	93.7	93.3	86.3	90.2	**	96.0
MacDill AFB (0045)	52,677	89.5	**	92.7	92.5	**	89.3	**	89.8
Patrick AFB (0046)	6,771	93.1	**	91.3	**	**	**	**	**
Ft. Gordon (0047)	29,593	95.8	**	91.1	**	85.6	94.5	80.0	**
Ft. Benning (0048)	36,887	86.6	**	83.4	**	52.0	87.1	**	**
Ft. Stewart (0049)	31,635	86.3	**	92.3	88.6	**	**	**	**
Moody AFB (0050)	5,215	92.7	**	98.4	**	**	**	**	**
Robins AFB (0051)	6,768	85.4	**	82.8	**	**	**	**	**
Shaw AFB (0101)	13,293	95.1	**	92.7	**	**	86.0	**	**
NH Charleston (0103)	29,040	91.2	**	95.1	93.6	**	89.6	**	**
NH Beaufort (0104)	15,542	88.4	**	82.9	**	**	**	**	**
Ft. Jackson (0105)	32,812	96.2	**	97.1	92.6	**	84.9	**	88.6
Charleston AFB (0356)	2,902	92.8	**	**	**	**	**	**	**
Clearwater USCG Clinic (0422)	871	77.4	**	**	**	**	**	**	**
Out of catchment area (9903)	214,128	89.4	**	95.1	93.6	89.0	85.7	**	82.0
Region 3	555,521	90.9	81.9	91.3	92.8	79.4	87.3	72.8	85.9
CONUS MHS	4,087,446	91.6	89.1	91.1	90.1	82.1	88.9	86.6	91.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

The proportion of Region 3 beneficiaries who reported getting well-patient visits to MTFs within the 4-week TRICARE standard ranged from 73 percent of non-Prime beneficiaries age 65 and over to 91 percent of active duty Prime enrollees.

The proportion of active duty enrollees getting a well-patient appointment at a MTF in less than 4 weeks ranged from 77 percent at Clearwater USCG Clinic to 96 percent at Fort Jackson and Fort Gordon.

Non-active duty enrollees were most likely to be seen at a MTF within 4 weeks at Moody AFB (98 percent) and Fort Jackson (97 percent) and least likely at Fort Benning, Robins AFB, and NH Beaufort (83 percent).

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care, or advice on health care?

Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NH Jacksonville (0039)	93,002	27.5	52.5	20.4	24.7	**	16.8	**	**
MacDill AFB (0045)	64,037	21.4	**	21.9	19.7	**	28.6	**	18.4
Patrick AFB (0046)	8,083	**	**	14.0	**	**	**	**	**
Ft. Gordon (0047)	38,457	19.4	**	23.5	**	**	**	**	**
Ft. Benning (0048)	44,945	27.2	**	19.1	**	50.7	**	**	34.4
Ft. Stewart (0049)	43,480	38.5	**	27.6	**	**	**	**	**
Moody AFB (0050)	6,406	20.5	**	2.5	**	**	**	**	**
Robins AFB (0051)	8,806	24.9	**	26.6	**	**	**	**	**
Shaw AFB (0101)	16,945	25.1	**	12.3	**	**	**	**	**
NH Charleston (0103)	37,565	22.3	**	10.3	**	**	18.7	**	**
NH Beaufort (0104)	18,633	25.9	**	**	1.9	**	**	**	**
Ft. Jackson (0105)	40,386	20.4	**	28.4	**	**	28.1	**	24.2
Charleston AFB (0356)	3,496	**	**	**	**	**	**	**	**
Clearwater USCG Clinic (0422)	1,002	**	**	**	**	**	**	**	**
Out of catchment area (9903)	262,411	25.8	**	5.7	30.6	**	24.0	**	23.6
Region 3	687,653	26.1	30.6	20.0	27.6	29.1	22.7	**	23.6
CONUS MHS	5,057,820	24.0	29.2	18.3	24.1	24.9	18.4	10.2	14.3

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of Region 3 beneficiaries who “usually or always” waited more than 30 minutes past a scheduled appointment at a MTF ranged from 20 percent of non-active duty Prime enrollees to 29 percent of non-Prime beneficiaries under age 65. Twenty-six percent of active duty enrollees had long waits at MTFs.

Long waits at MTFs by active duty beneficiaries ranged from 19 percent at Fort Gordon to 39 percent at Fort Stewart.

Long waits by non-active duty enrollees ranged from 3 percent at Moody AFB to 28 percent at Fort Stewart and Fort Jackson. Only 6 percent of non-active duty enrollees living out of catchment area usually waited more than 30 minutes at a MTF.

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?

Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?

Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
NH Jacksonville (0039)	49,126	32.8	17.1	**	4.0	6.4
MacDill AFB (0045)	34,954	5.1	25.5	5.0	9.1	5.9
Patrick AFB (0046)	3,905	**	21.8	**	**	**
Ft. Gordon (0047)	19,624	34.5	16.3	**	0.0	**
Ft. Benning (0048)	19,429	30.4	16.4	**	**	**
Ft. Stewart (0049)	20,715	33.8	23.9	**	**	**
Moody AFB (0050)	3,115	27.0	**	**	**	**
Robins AFB (0051)	4,373	**	**	**	**	**
Shaw AFB (0101)	8,539	31.4	**	**	**	**
NH Charleston (0103)	19,756	27.6	**	**	**	0.0
NH Beaufort (0104)	8,701	**	9.8	**	**	**
Ft. Jackson (0105)	22,231	**	19.8	**	1.6	0.3
Charleston AFB (0356)	1,595	36.0	**	**	**	**
Clearwater USCG Clinic (0422)	501	**	**	**	**	**
Out of catchment area (9903)	147,763	29.1	17.4	**	5.6	6.9
Region 3	364,326	28.7	18.5	**	5.4	5.8
CONUS MHS	2,689,886	26.5	19.5	13.5	3.8	4.9

Population:

Beneficiaries who needed to see a specialist in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a big problem getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in certain catchment areas compared with the region overall
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

Problems getting specialty care in Region 3 varied widely by type of health plan, ranging from 5 percent of beneficiaries with Medicare to 29 percent of active duty Prime enrollees under age 65.

More than 25 percent of active duty enrollees reported a "big problem" getting a specialty referral in every catchment area (with a large enough sample for a reliable estimate) except MacDill AFB (5 percent).

Non-active duty enrollees' problem rates ranged from 10 percent at NH Beaufort to 26 percent at MacDill AFB.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?

Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
NH Jacksonville (0039)	84,436	17.9	7.1	5.2	0.0	7.4
MacDill AFB (0045)	57,270	5.6	10.6	3.1	4.3	1.1
Patrick AFB (0046)	7,797	7.4	10.0	**	**	**
Ft. Gordon (0047)	34,485	17.7	11.5	6.7	0.0	2.2
Ft. Benning (0048)	38,611	13.3	10.0	**	3.8	0.0
Ft. Stewart (0049)	39,420	17.2	13.7	**	**	4.6
Moody AFB (0050)	6,265	15.8	10.9	**	**	**
Robins AFB (0051)	8,616	**	**	**	**	**
Shaw AFB (0101)	15,941	**	4.8	**	**	0.0
NH Charleston (0103)	35,044	**	10.5	0.0	**	0.0
NH Beaufort (0104)	16,742	4.5	**	**	**	**
Ft. Jackson (0105)	37,233	4.8	9.3	**	2.9	1.7
Charleston AFB (0356)	3,410	14.3	**	**	**	**
Clearwater USCG Clinic (0422)	893	9.8	**	**	**	**
Out of catchment area (9903)	239,110	**	8.9	9.6	5.9	0.3
Region 3	625,274	13.6	10.2	7.9	4.5	1.5
CONUS MHS	4,646,651	12.6	10.3	7.4	3.0	2.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a "big problem" getting care in some health plans compared with other plans
- If getting care is a greater problem in certain catchment areas compared with others

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

Problems getting "necessary care" in Region 3 varied widely by type of plan, ranging from 2 percent of beneficiaries with "other insurance" to 14 percent of active duty Prime enrollees.

Active duty enrollees were least likely to report a "big problem" getting needed care at NH Beaufort (5 percent), Fort Jackson (5 percent), and MacDill AFB (6 percent).

Non-active duty enrollees were least likely to report "big problems" getting needed care at Shaw AFB (5 percent).

Chapter

5

Health Status and Health Care Use

This chapter documents HCSDb findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDb incorporated questions from the SF-12, a widely used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Region 3 beneficiaries are presented by the type of facility (MTF or CTF). (See Exhibit 5.2).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.3).

Key Findings

Physical and Mental Health

- Region 3 MHS beneficiaries are in similar physical health and better mental health compared with the general U.S. population. Fifty-two percent scored below the 50th percentile of the U.S. population in physical health, 36 percent in mental health. More than half of Fort Jackson (58 percent), Fort Gordon (57 percent), and Fort Stewart (56 percent) beneficiaries scored below average for physical health.

Emergency Room Use

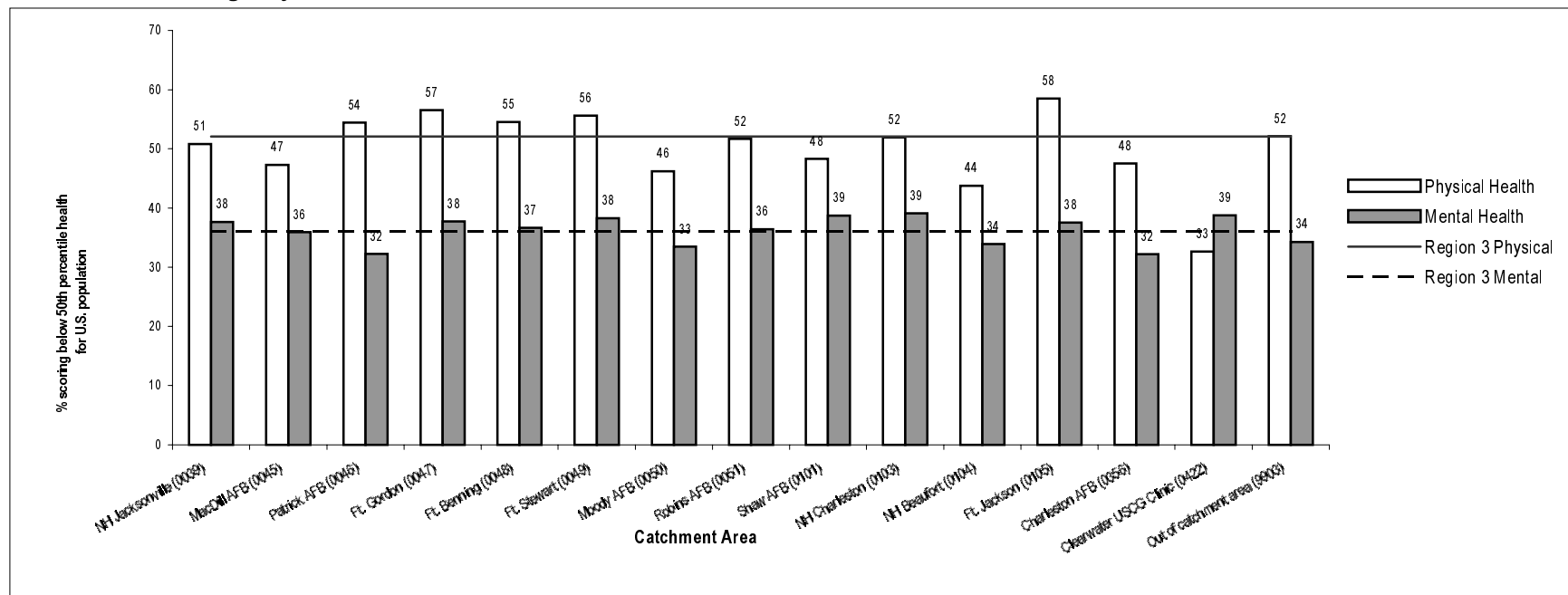
- The proportion of beneficiaries who used a MTF emergency room at least once ranged from 4 percent of non-Prime beneficiaries under age 65 to 22 percent of non-active duty Prime enrollees.
- Twenty-two percent of non-active duty TRICARE Prime enrollees visited a MTF emergency room at least once in the past year. More than one in three non-active duty enrollees at NH Beaufort (43 percent), Fort Benning (39 percent), Fort Jackson (35 percent), and Fort Stewart (34 percent) reported using a MTF emergency room.
- Forty-two percent of non-Prime beneficiaries age 65 or over at Fort Benning had one or more MTF emergency room visits, the highest rate in the region.

Use of Military Pharmacies

- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 3 (39 percent). Rates for this beneficiary group in Region 3 catchment areas ranged from 24 percent at Fort Gordon to 57 percent at Shaw AFB.
- In Region 3 overall, the proportion of retirees, survivors and dependents under age 65 filling 7 or more civilian prescriptions was 12 percent. More than one in five of this beneficiary group relied on military pharmacies at Shaw AFB (25 percent) and NH Charleston (21 percent)

5.1 Physical and Mental Health Status of Beneficiaries in Region 3 Relative to the U.S. Population

This chart presents a composite result derived from responses to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.



Population:

All beneficiaries

Sample size:

11,788

Vertical axis:

Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50th percentile score for the overall adult U.S. population

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How the overall physical and mental health status of Region 3 catchment area beneficiaries compares with that of the general U.S. population
- How the physical and mental health of MHS beneficiaries varies across catchment areas

Findings:

In Region 3 overall, beneficiaries were in similar physical health and better mental health compared to the general U.S. population. Fifty-two percent of beneficiaries scored below the 50th percentile for physical health in the U.S. Thirty-six percent of beneficiaries scored below the 50th percentile for mental health.

At Fort Jackson (58 percent), Fort Gordon (57 percent), and Fort Stewart (56 percent), significantly more than half of beneficiaries scored below average for physical health.

Mental health scores varied little across catchment areas.

5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?

Q.13: How many times did you go to a civilian emergency room for your own care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NH Jacksonville (0039)	206,258	22.7	6.6	22.4	10.6	3.8	10.3	**	**
MacDill AFB (0045)	139,537	18.7	3.9	16.8	10.1	4.4	13.2	7.1	15.9
Patrick AFB (0046)	17,023	5.2	7.3	9.8	9.8	**	**	**	**
Ft. Gordon (0047)	83,885	25.6	5.4	32.8	3.6	16.1	13.7	21.7	**
Ft. Benning (0048)	103,080	22.4	5.0	39.4	4.6	**	**	41.5	**
Ft. Stewart (0049)	95,647	22.9	6.2	33.7	7.7	9.2	**	**	**
Moody AFB (0050)	14,183	6.4	8.2	3.7	13.5	**	**	**	**
Robins AFB (0051)	19,510	24.3	2.1	27.7	**	**	**	**	**
Shaw AFB (0101)	36,419	15.5	6.2	26.7	14.0	3.5	26.5	1.6	**
NH Charleston (0103)	81,811	5.2	8.1	10.1	10.4	3.2	17.8	0.0	**
NH Beaufort (0104)	43,865	24.6	5.5	43.2	7.2	**	**	**	**
Ft. Jackson (0105)	87,103	24.0	3.8	34.7	8.6	8.0	14.7	7.1	**
Charleston AFB (0356)	7,704	16.7	11.0	**	**	**	**	**	**
Clearwater USCG Clinic (0422)	2,112	6.3	8.2	**	**	**	**	**	**
Out of catchment area (9903)	559,595	7.8	6.3	3.8	13.6	1.6	21.1	4.3	22.4
Region 3	1,497,732	19.9	5.9	22.4	9.8	3.9	17.8	8.6	18.9
CONUS MHS	11,163,792	20.0	5.7	21.2	9.6	6.0	17.7	6.2	20.7

Population:

All beneficiaries

What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of beneficiaries who used a MTF emergency room at least once ranged from 4 percent of non-Prime beneficiaries under age 65 to 22 percent of non-active duty Prime enrollees.

Non-Prime beneficiaries age 65 and over at Fort Gordon (22 percent) and Fort Benning (42 percent) were much more likely to visit a MTF emergency room than were their peers in Region 3 (9 percent) and CONUS MHS overall (6 percent).

Twenty-two percent of non-active duty Prime enrollees visited a MTF emergency room at least once in the past year. More than one in three non-active duty enrollees at NH Beaufort (43 percent), Fort Benning (39 percent), Fort Jackson (35 percent), and Fort Stewart (34 percent) reported using a MTF emergency room.

5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?

Catchment Area (DMIS Code)	Population	Percent filling 7 or more civilian prescriptions			
		Active Duty under age 65	Dependents of Active Duty, under age 65	Retirees, Survivors, and Dependents, under age 65	Retirees, Survivors, and Dependents, age 65 or over
NH Jacksonville (0039)	102,790	5.3	10.9	13.4	45.7
MacDill AFB (0045)	69,333	4.1	8.3	12.5	34.5
Patrick AFB (0046)	8,612	1.7	5.2	5.1	**
Ft. Gordon (0047)	42,160	3.4	5.9	10.0	23.7
Ft. Benning (0048)	51,502	1.4	0.6	7.9	34.2
Ft. Stewart (0049)	47,957	2.3	**	**	**
Moody AFB (0050)	7,141	1.1	4.7	**	**
Robins AFB (0051)	9,820	4.1	4.9	4.5	**
Shaw AFB (0101)	18,103	2.1	2.8	24.7	57.1
NH Charleston (0103)	40,820	1.0	3.2	21.2	40.2
NH Beaufort (0104)	21,915	0.0	2.8	**	**
Ft. Jackson (0105)	43,618	0.0	6.0	12.3	47.1
Charleston AFB (0356)	3,831	2.2	**	**	**
Clearwater USCG Clinic (0422)	1,045	4.2	**	**	**
Out of catchment area (9903)	276,867	1.4	5.8	10.8	39.5
Region 3	745,514	2.4	6.9	12.3	38.9
CONUS MHS	5,569,364	2.2	6.2	10.8	27.4

Population:

All beneficiaries

What the exhibit shows:

- If beneficiaries in some catchment areas have filled 7 or more civilian prescriptions in military pharmacies
- If some groups of beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

In Region 3 overall, 39 percent of retirees, survivors, or dependents age 65 and over filled at least 7 civilian prescriptions at a military pharmacy. The rate for retirees, survivors, and dependents under age 65 was 12 percent.

Use of military pharmacies for civilian prescriptions in the 65 and over group ranged from 24 percent at Fort Gordon to 57 percent at Shaw AFB.

More than one in five retirees, survivors, and dependents under age 65 filled at least 7 civilian prescriptions in a military pharmacy at Shaw AFB (25 percent) and NH Charleston (21 percent).

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Chapter

6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

- The findings for MHS beneficiaries are compared with the federal government's Healthy People 2000 goals for improving the nation's health (see Healthy People 2000 Review 1997, DHHS Publication No. PHS 98-1256). In the bar graphs, the Healthy People 2000 goals are indicated by hatched lines; findings for Region 3 overall are indicated by solid lines.
- Exhibits 6.1, 6.2, and 6.5, show how use of prenatal care, screening for breast cancer screening, and flu shots varies by catchment area. Exhibits 6.3, 6.4, and 6.6 show results for cervical cancer, hypertension, and prostate disease screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries. Since national goals for prostate disease screening have not been established, the findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

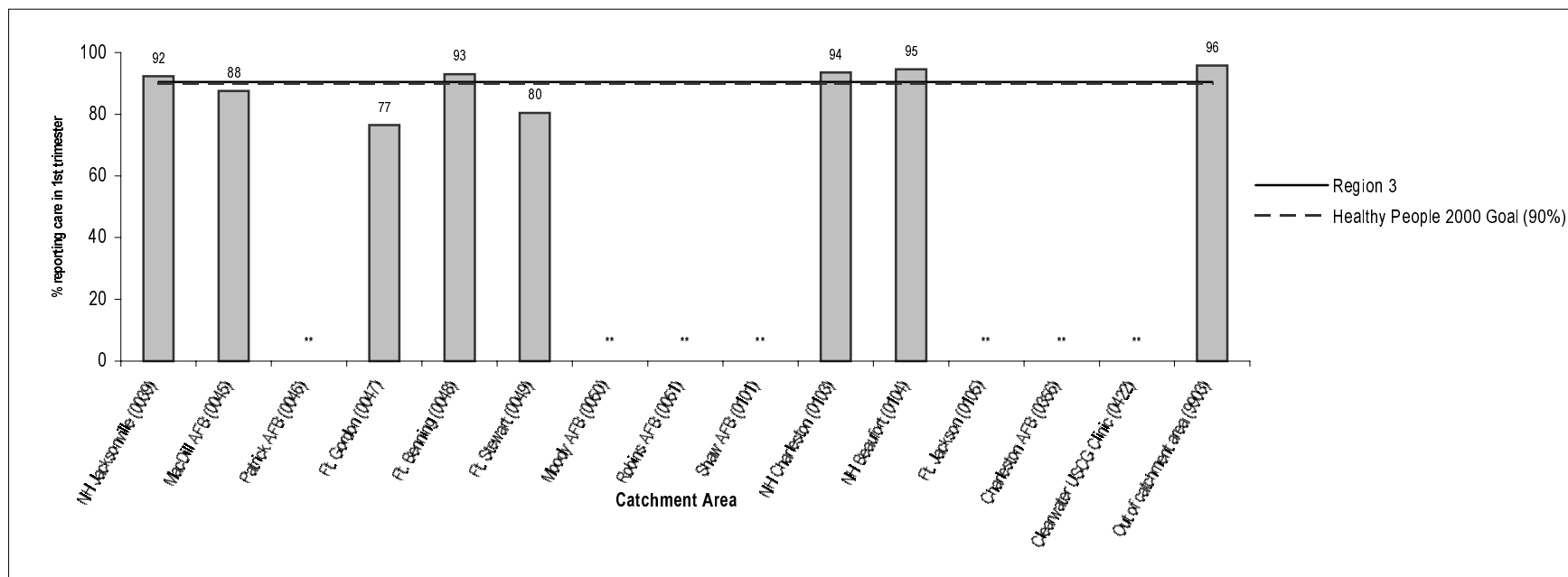
Key Findings

- Most catchment areas met or exceeded Healthy People 2000 goals for prenatal care, breast and cervical cancer screening, hypertension screening, and flu immunization.
- Ninety percent of pregnant women in Region 3 reported first trimester prenatal care. No catchment area was significantly below the Healthy People 2000 goal.
- Breast cancer screening rates averaged 91 percent in Region 3. The rate was highest at NH Jacksonville (97 percent). Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas with large enough samples to estimate the rates reliably.
- In all catchment areas where Pap smear rates could be reliably estimated, rates for active duty and non-active duty TRICARE Prime enrollees met or exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty women at Fort Benning, Fort Stewart, Shaw AFB, NH Charleston, and out of catchment area reported receiving Pap smears.

- Ninety-one percent of active duty enrollees in Region 3 were tested in the past two years and knew whether their blood pressure was high. The rate was highest at MacDill AFB (97 percent). Among non-active duty enrollees with military PCMs, the rate was highest at Robins AFB and NH Beaufort (96 percent).
- Beneficiaries in all catchment areas for which rates could be estimated reliably exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 68 percent out of catchment area to 89 percent at Fort Jackson.
- Among men age 50 or over, 54 percent of active duty TRICARE Prime enrollees in Region 3 were screened for prostate disease in the past year, as were 64 percent of non-active duty enrollees. Screening rates for non-active duty enrollees were highest at NH Jacksonville and Patrick AFB (78 percent).

6.1 Timing of First Prenatal Care

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:

Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

Sample size:

291

Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by catchment area.
- If Region 3 catchment areas meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

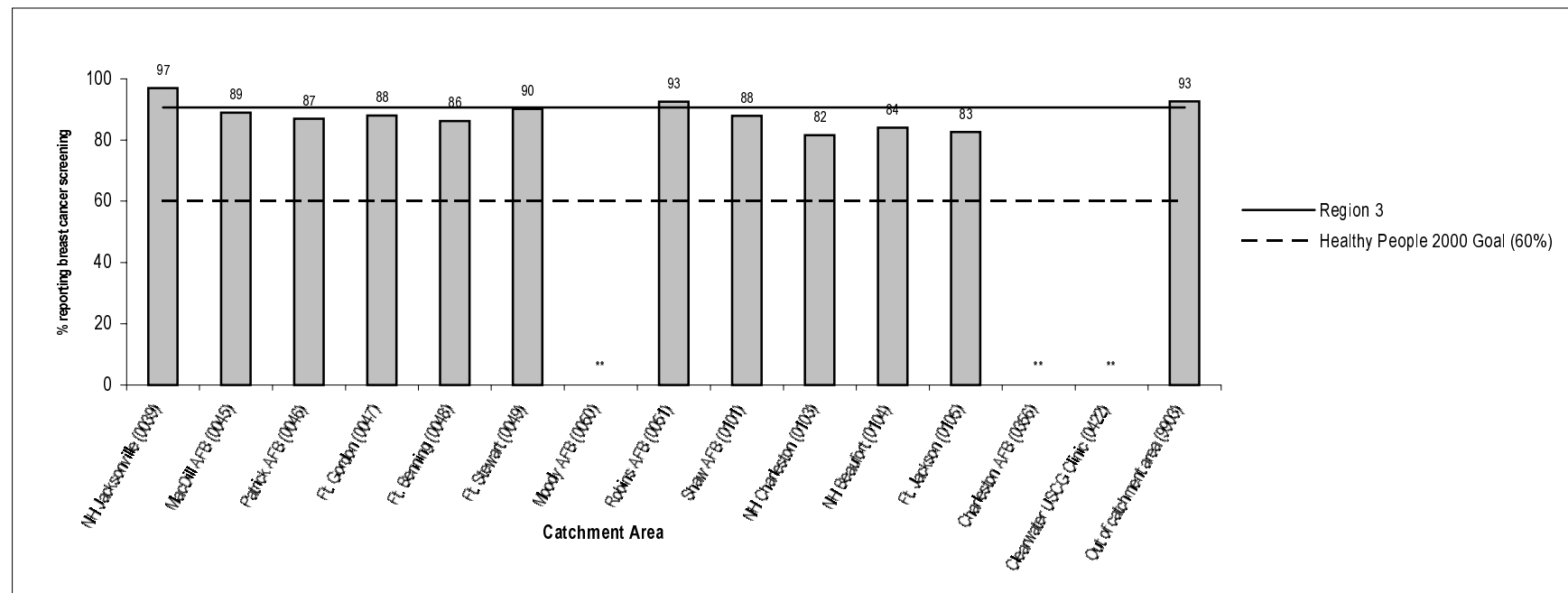
Findings:

Ninety percent of pregnant women in Region 3 reported first trimester prenatal care. This meets the Healthy People 2000 goal.

No catchment area was significantly below the goal for early prenatal care.

6.2 Breast Cancer Screening in the Past 2 Years

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:

Female beneficiaries age 50 and over

Sample size:

892

Vertical axis:

Percent who reported having "mammography or other x-ray like procedure" in the past 2 years

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of women age 50 or over who had a mammogram or other x-ray like procedure for breast cancer screening in the past two years
- If Region 3 catchment areas meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past two years
- How findings vary across catchment areas

Findings:

In Region 3 overall, 91 percent of women age 50 and over were screened for breast cancer in the previous two years.

Breast cancer screening rates were highest at NH Jacksonville (97 percent).

All catchment areas (with large enough samples for reliable estimates) exceeded the Healthy People 2000 goal of 60 percent.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NH Jacksonville (0039)	47,286	93.3	94.9	95.0	92.7	**
MacDill AFB (0045)	32,970	**	89.5	88.5	87.8	86.2
Patrick AFB (0046)	3,859	**	91.4	**	**	**
Ft. Gordon (0047)	21,373	93.3	92.7	**	85.5	74.1
Ft. Benning (0048)	24,757	100.0	95.1	**	88.8	**
Ft. Stewart (0049)	21,601	100.0	93.4	91.3	92.8	**
Moody AFB (0050)	3,375	**	95.4	**	**	**
Robins AFB (0051)	5,183	**	87.9	**	**	**
Shaw AFB (0101)	9,140	100.0	97.9	**	92.9	**
NH Charleston (0103)	19,224	100.0	94.1	**	86.4	**
NH Beaufort (0104)	8,409	91.5	94.5	**	**	**
Ft. Jackson (0105)	21,637	**	97.6	90.5	82.7	85.5
Charleston AFB (0356)	681	**	**	**	**	**
Clearwater USCG Clinic (0422)	283	**	**	**	**	**
Out of catchment area (9903)	133,180	100.0	**	92.8	84.3	96.9
Region 3	352,958	95.9	93.7	92.5	86.6	92.8
CONUS MHS	2,635,949	96.5	93.3	92.4	85.6	85.4

Population:

Female beneficiaries age 18 and over

What the exhibit shows:

- The percent of women who have been screened for cervical cancer in the past 3 years
- If some groups of women are more likely than others to be screened
- If Region 3 catchment areas meet the Healthy People 2000 goal that at least 85 percent of women have had a pap smear in the past 3 years
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

In Region 3 overall, the proportion of women with a Pap smear in the past 3 years ranged from 87 percent of non-Prime beneficiaries under age 65 to 96 percent of active duty enrollees with a military PCM.

Screening rates among active duty women reached 100 percent at Fort Benning, Fort Stewart, Shaw AFB, NH Charleston, and for those residing out of catchment area.

Among non-active duty Prime enrollees with military PCMs, rates were highest at Fort Jackson and Shaw AFB (98 percent).

TRICARE Prime enrollees in all catchment areas (with large enough samples for reliable estimates) met or exceeded the Healthy People 2000 goal of 85 percent.

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?

Q.17b: Do you know if your blood pressure is too high or not?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NH Jacksonville (0039)	103,055	94.8	93.9	92.9	91.3	97.3
MacDill AFB (0045)	70,034	96.7	91.7	95.0	90.2	98.4
Patrick AFB (0046)	8,283	96.1	94.7	**	**	**
Ft. Gordon (0047)	41,983	88.7	91.4	78.4	88.9	96.7
Ft. Benning (0048)	50,790	89.6	91.1	**	83.1	97.7
Ft. Stewart (0049)	47,873	84.1	91.7	90.3	97.1	**
Moody AFB (0050)	7,050	90.2	95.3	**	**	**
Robins AFB (0051)	9,820	94.9	96.1	**	**	**
Shaw AFB (0101)	18,314	89.1	93.1	**	84.8	100.0
NH Charleston (0103)	40,321	82.1	88.7	**	95.2	86.0
NH Beaufort (0104)	21,623	84.8	95.9	**	**	**
Ft. Jackson (0105)	42,654	91.7	92.0	92.6	93.7	100.0
Charleston AFB (0356)	3,958	93.6	**	**	**	**
Clearwater USCG Clinic (0422)	1,045	100.0	**	**	**	**
Out of catchment area (9903)	282,058	95.6	**	94.8	94.1	97.3
Region 3	748,860	90.6	92.4	94.3	92.6	96.9
CONUS MHS	5,580,883	90.1	91.4	94.0	90.4	95.7

Population:

All beneficiaries

What the exhibit shows:

- Percent of beneficiaries who had a blood pressure reading in the past 2 years *and* know if their blood pressure is too high
- If some groups of MHS beneficiaries are more likely than others to be aware of their risk for hypertension
- If Region 3 catchment areas meet the Healthy People 2000 goal for hypertension screening of 90 percent
- How findings vary by catchment area

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

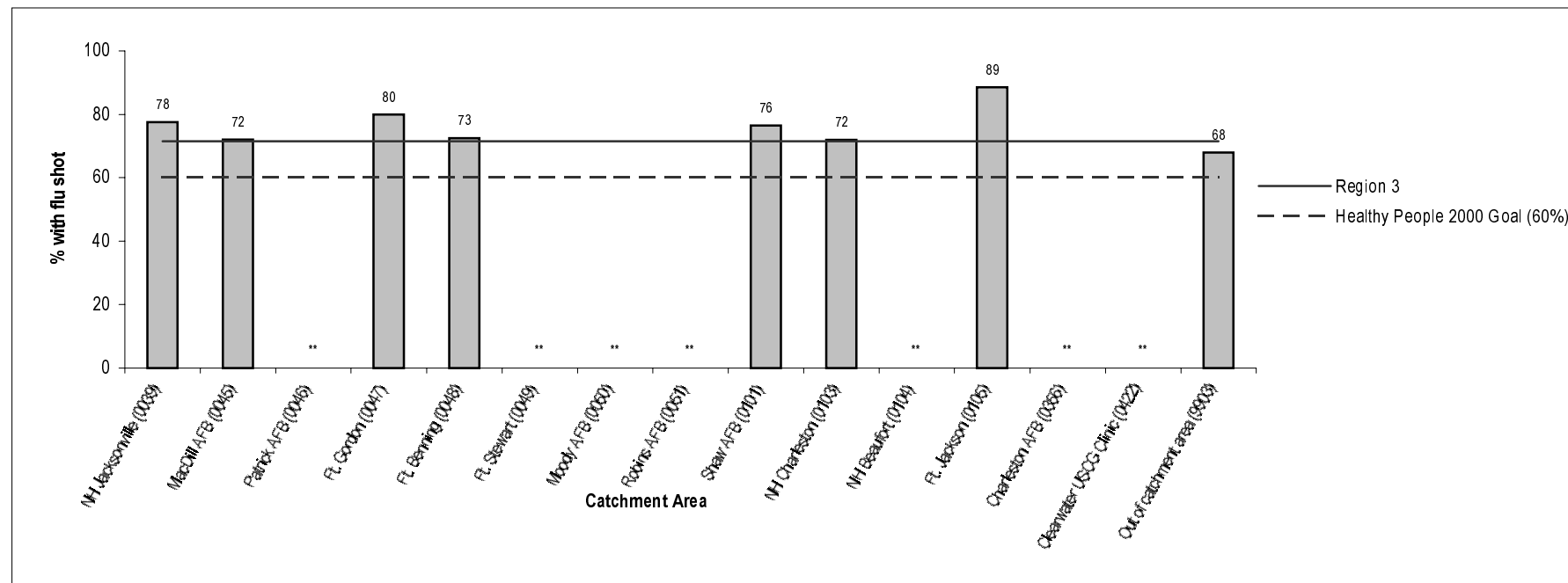
The proportion of Region 3 beneficiaries who were tested in the previous 2 years and knew if their blood pressure was too high ranged from 91 percent of active duty enrollees with a military PCM to 97 percent of non-Prime enrollees age 65 and over.

Hypertension screening rates were highest among active duty enrollees at MacDill AFB (97 percent). At Fort Stewart (84 percent), the rate was significantly below the Healthy People 2000 goal of 90 percent.

Among non-active duty enrollees with military PCMs, screening rates were highest at Robins AFB (96 percent).

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months

Q.19: When did you last have a flu shot?



Population:

Beneficiaries age 65 and over

Sample size:

437

Vertical axis:

Percent who had a flu shot less than 12 months ago

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some catchment areas are more likely than others to provide flu shots to beneficiaries age 65 or older
- If Region 3 catchment areas meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

Findings:

In Region 3 overall, 72 percent of beneficiaries age 65 and over had a flu shot in the past 12 months. Annual flu shot rates ranged from 68 percent among beneficiaries outside of catchment areas to 89 percent at Fort Jackson.

All catchment areas (with large enough samples for reliable estimates) exceeded the Healthy People 2000 goal of 60 percent.

6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?

Catchment Area (DMIS Code)	Population	Percent of Population			
		Enrolled in Prime under age 65		Not enrolled in Prime	
		Active Duty	Non-Active Duty	Under age 65	Age 65 or over
NH Jacksonville (0039)	22,838	**	77.7	70.2	90.6
MacDill AFB (0045)	27,859	**	66.1	48.5	83.3
Patrick AFB (0046)	1,878	**	78.1	**	**
Ft. Gordon (0047)	9,985	**	56.5	58.7	69.7
Ft. Benning (0048)	10,214	**	**	**	60.2
Ft. Stewart (0049)	5,328	**	41.6	**	**
Moody AFB (0050)	387	**	**	**	**
Robins AFB (0051)	794	**	**	**	**
Shaw AFB (0101)	4,368	**	50.0	**	**
NH Charleston (0103)	12,412	**	69.8	57.1	**
NH Beaufort (0104)	4,368	**	51.7	**	**
Ft. Jackson (0105)	9,101	**	45.4	**	86.3
Charleston AFB (0356)	0	**	**	**	**
Clearwater USCG Clinic (0422)	0	**	**	**	**
Out of catchment area (9903)	127,464	**	67.5	65.0	87.6
Region 3	236,994	54.1	64.4	61.7	83.9
CONUS MHS	1,604,826	50.9	58.9	58.5	75.1

Population:

Male beneficiaries age 50 and over

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- How the findings vary by enrollment status
- If some catchment areas are more likely than others to screen men for prostate disease

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Prostate screening rates ranged from 54 percent of active duty enrollees to 84 percent of non-Prime beneficiaries age 65 and over. Sixty-four percent of non-active duty enrollees were screened.

Screening rates among non-active duty enrollees were highest at NH Jacksonville and Patrick AFB (78 percent).

Chapter 7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for each catchment area. In summarizing the satisfaction questions in the 1998 HCSDb, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in the exhibits represents one of the questions about satisfaction with military health care, Questions 100 a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item). For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

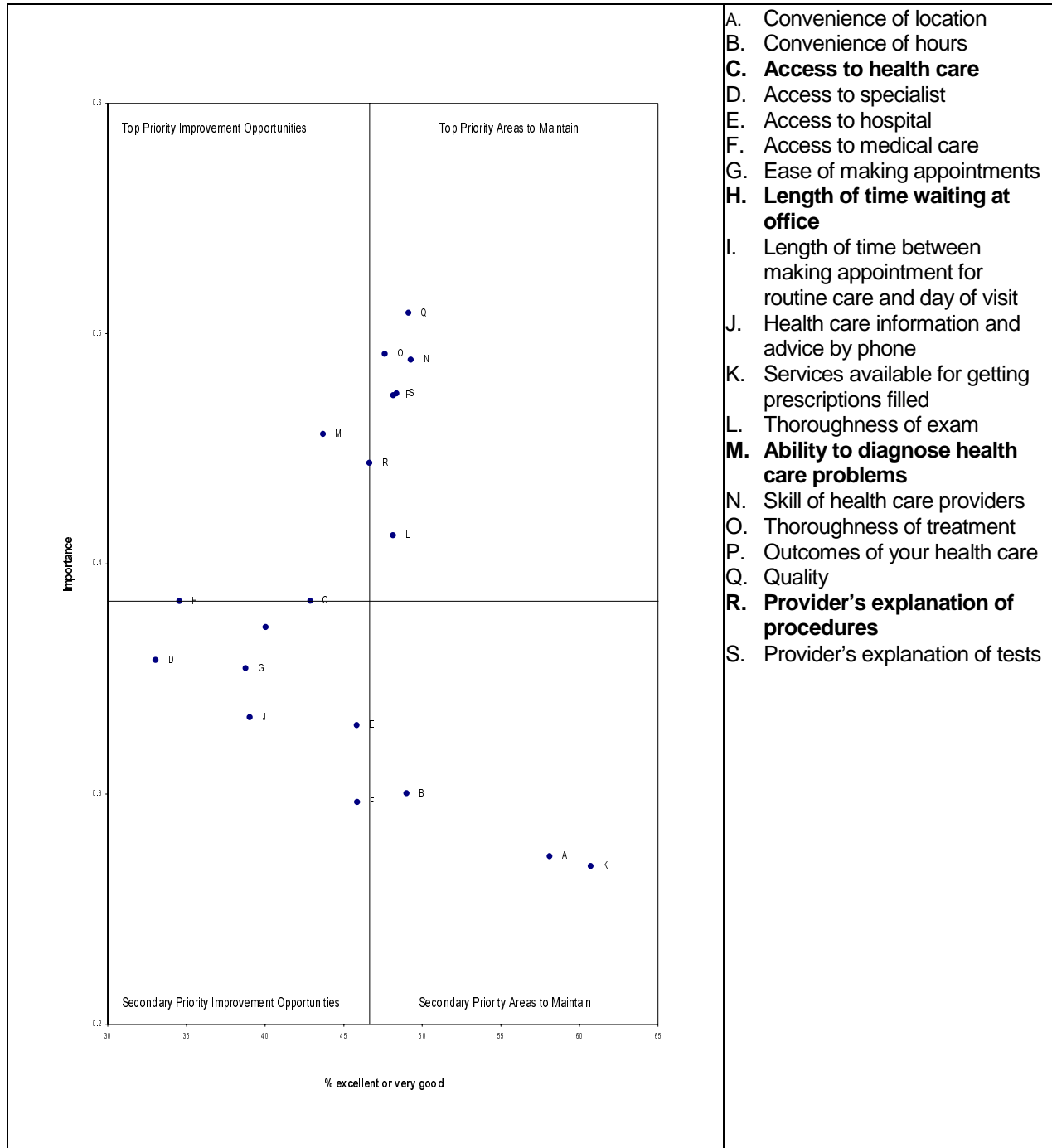
Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. These current levels of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.
- **Secondary priority improvement opportunities are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectation, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

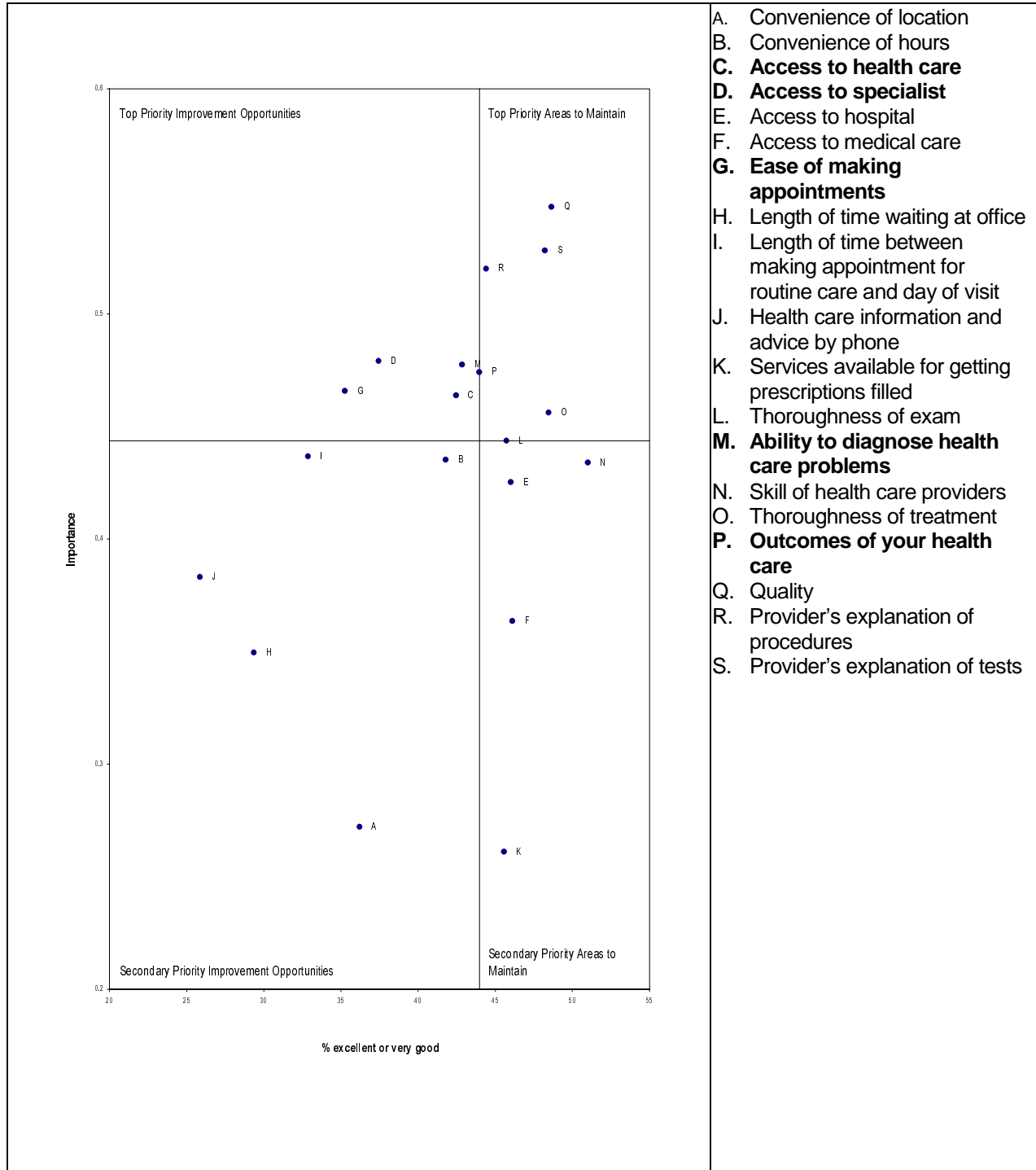
7.1 Performance Improvement Plan, NH Jacksonville

Bold items in the key to the right of this PIP identify aspects of military health care at NH Jacksonville that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



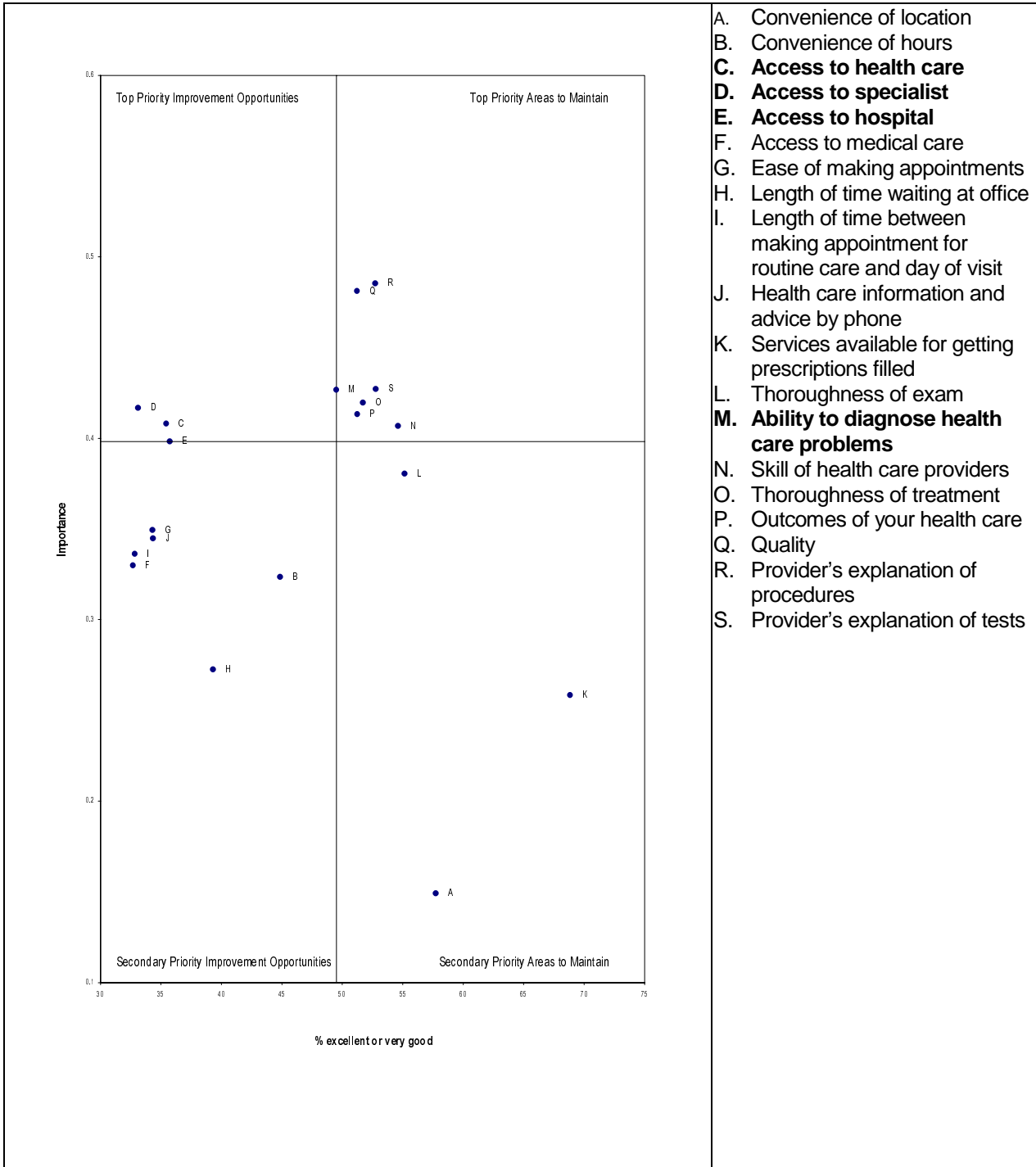
7.2 Performance Improvement Plan, MacDill AFB

Bold items in the key to the right of this PIP identify aspects of military health care at MacDill AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



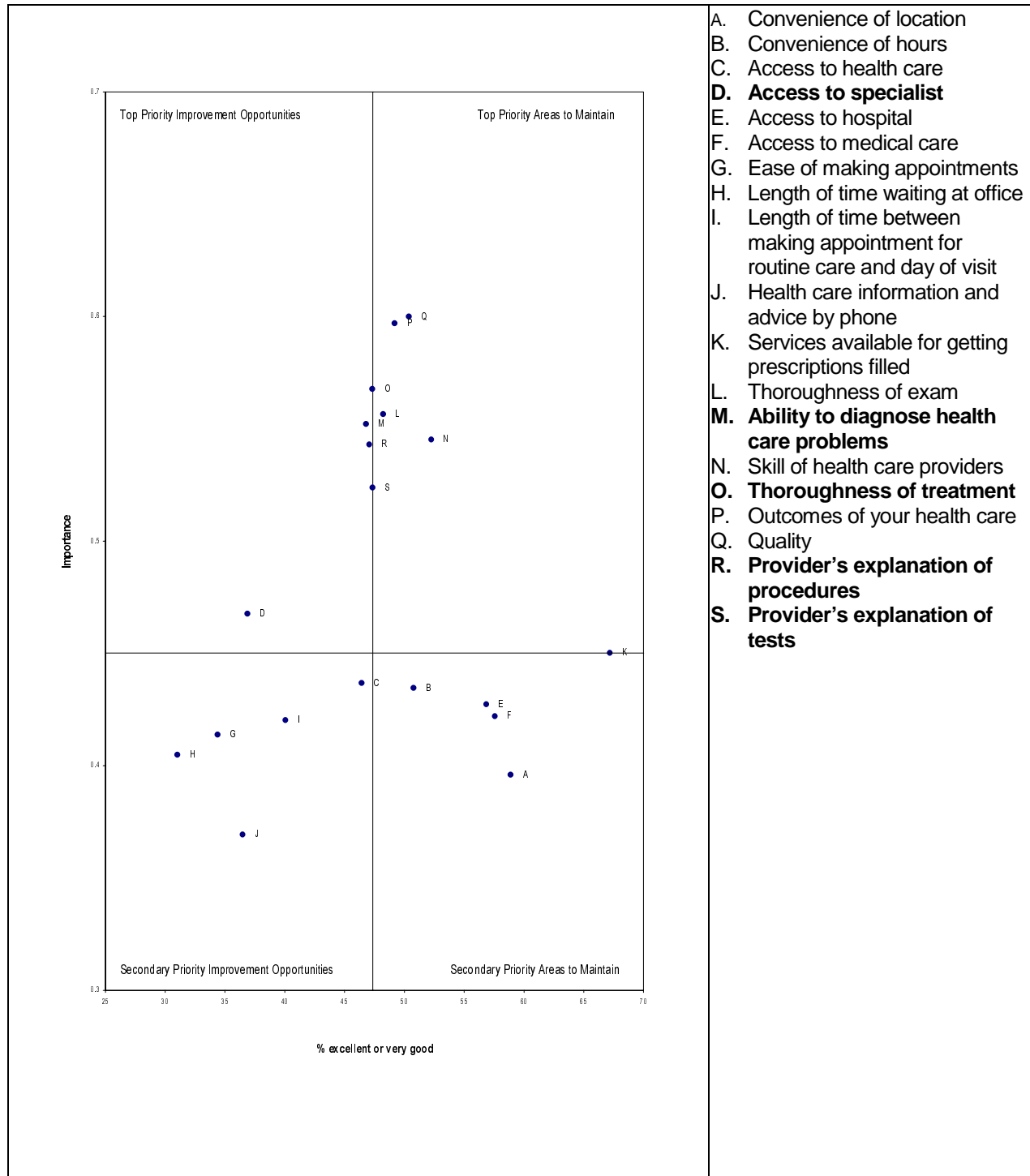
7.3 Performance Improvement Plan, Patrick AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Patrick AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



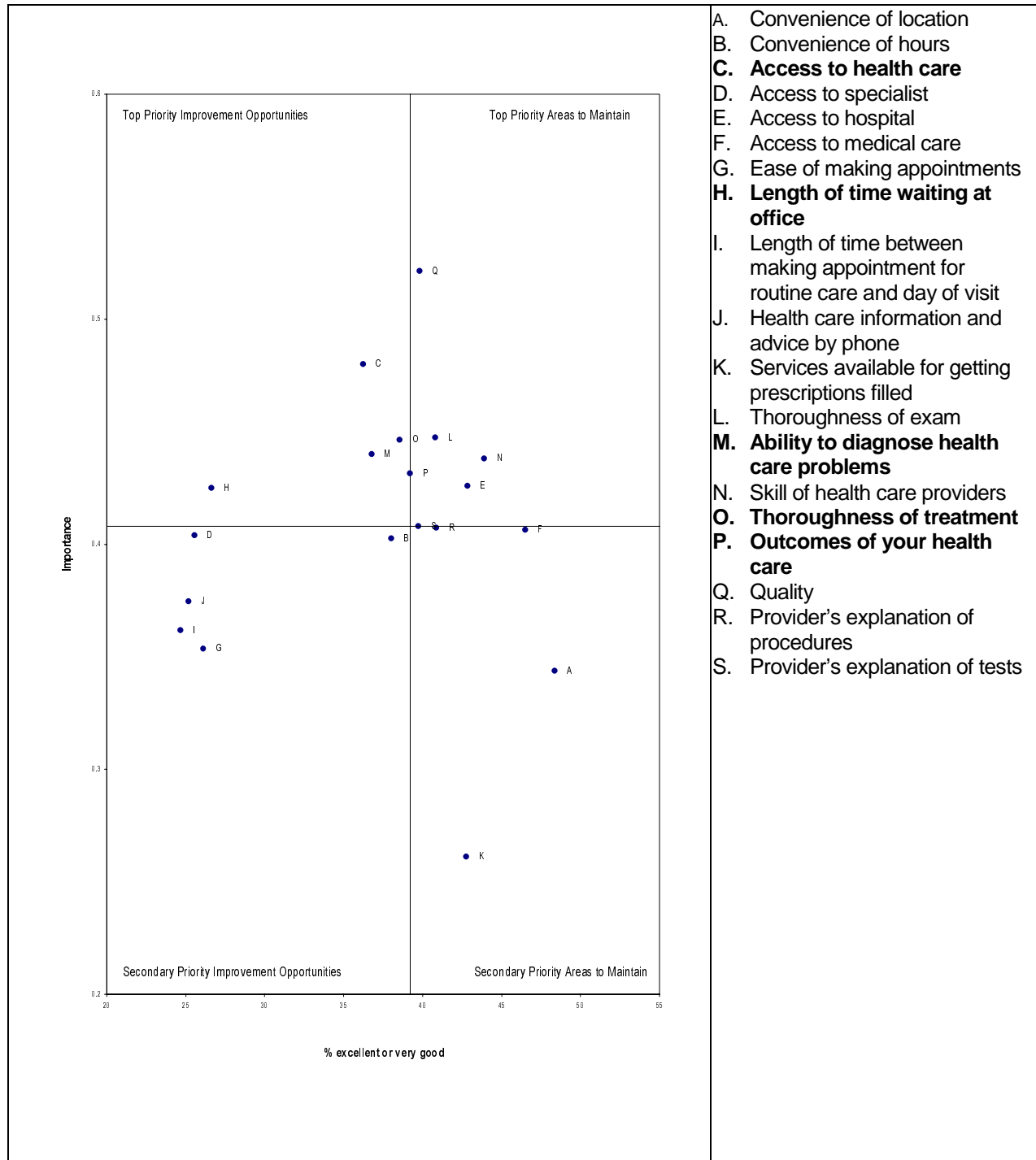
7.4 Performance Improvement Plan, Fort Gordon

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Gordon that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



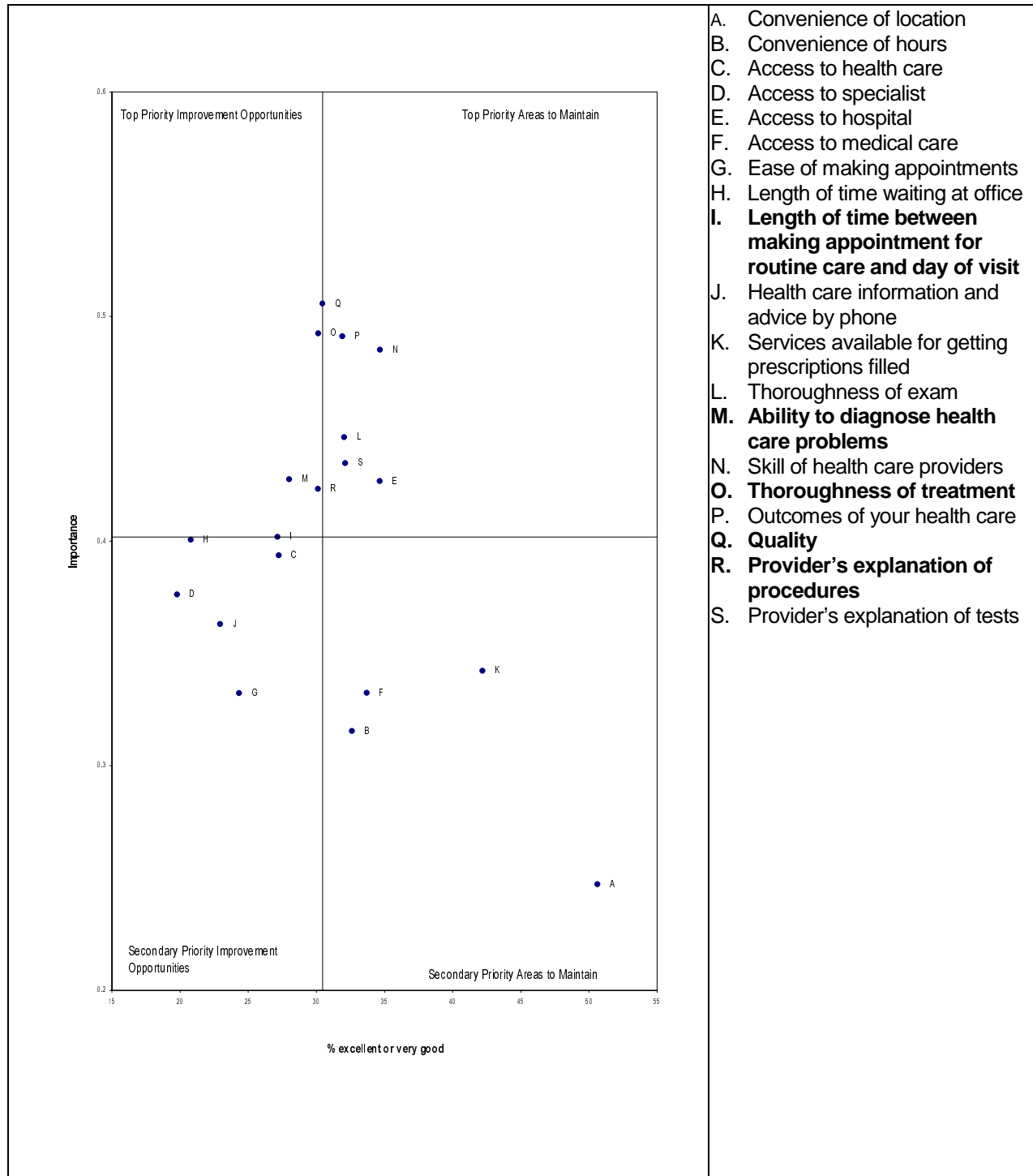
7.5 Performance Improvement Plan, Fort Benning

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Benning that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



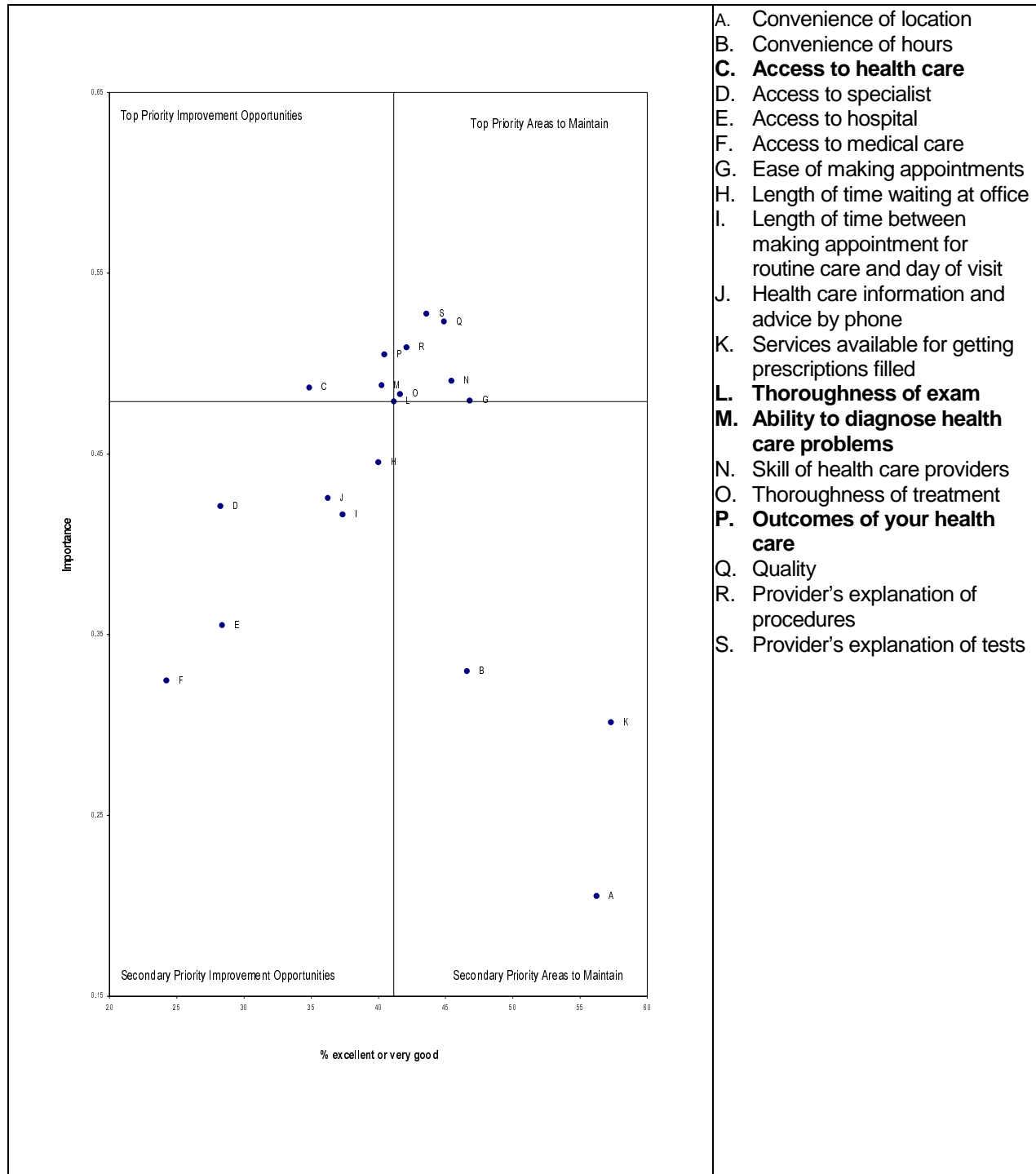
7.6 Performance Improvement Plan, Fort Stewart

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Stewart that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



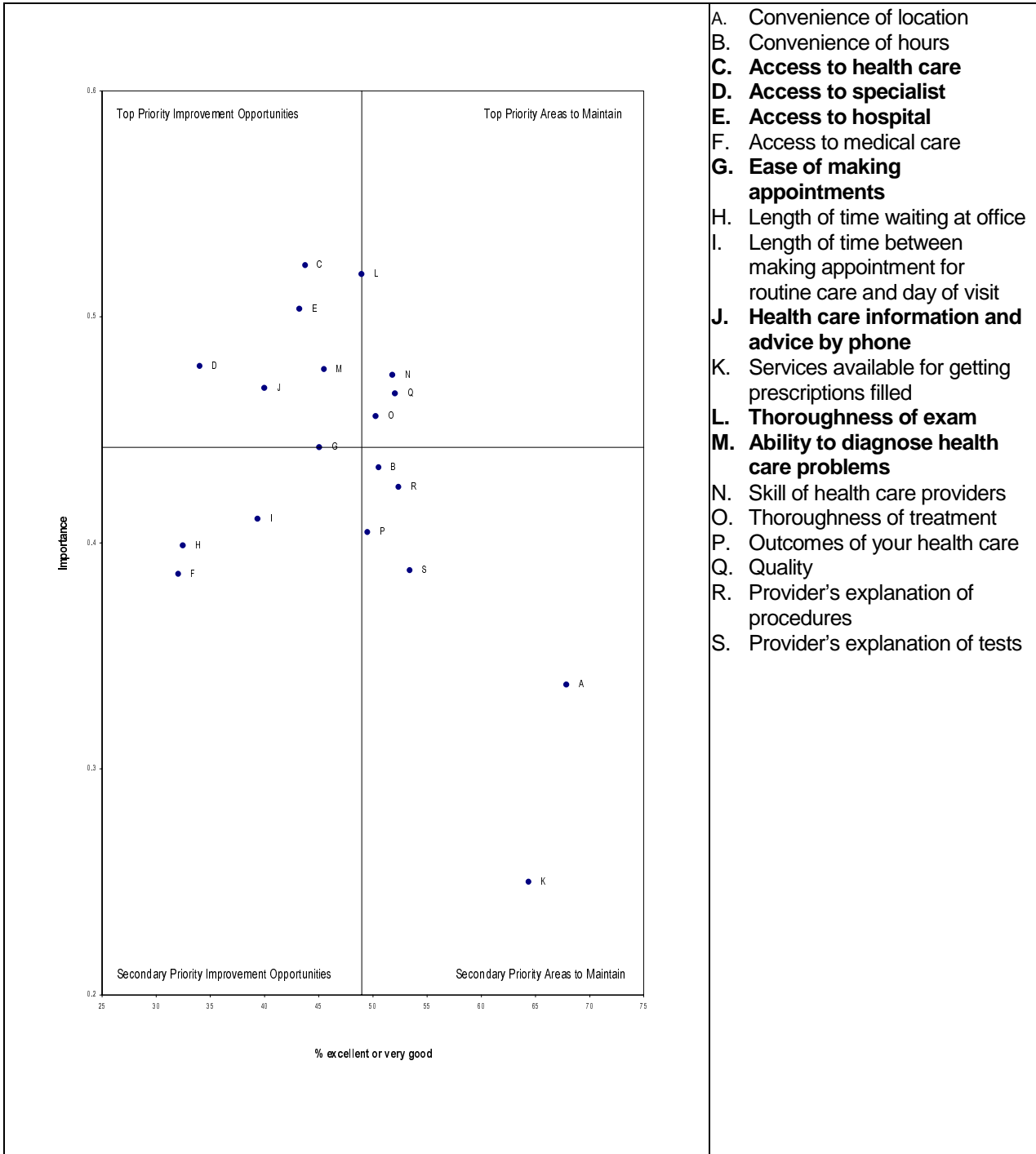
7.7 Performance Improvement Plan, Moody AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Moody AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



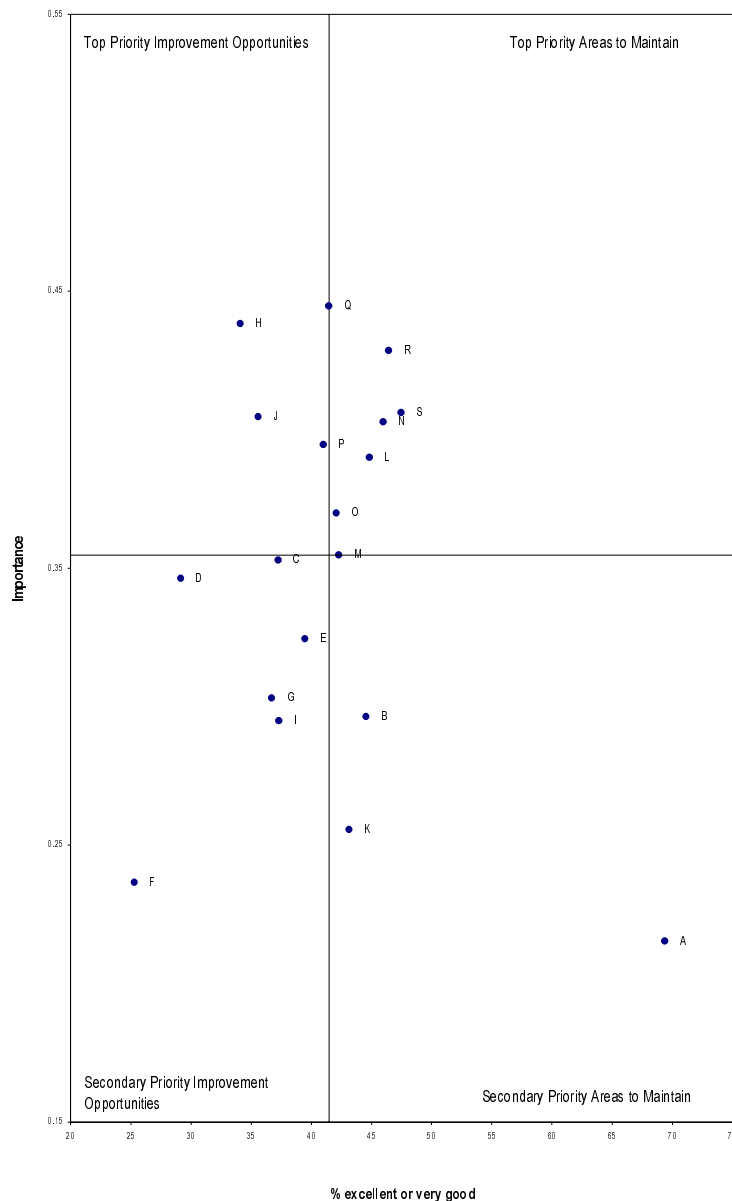
7.8 Performance Improvement Plan, Robins AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Robins AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.9 Performance Improvement Plan, Shaw AFB

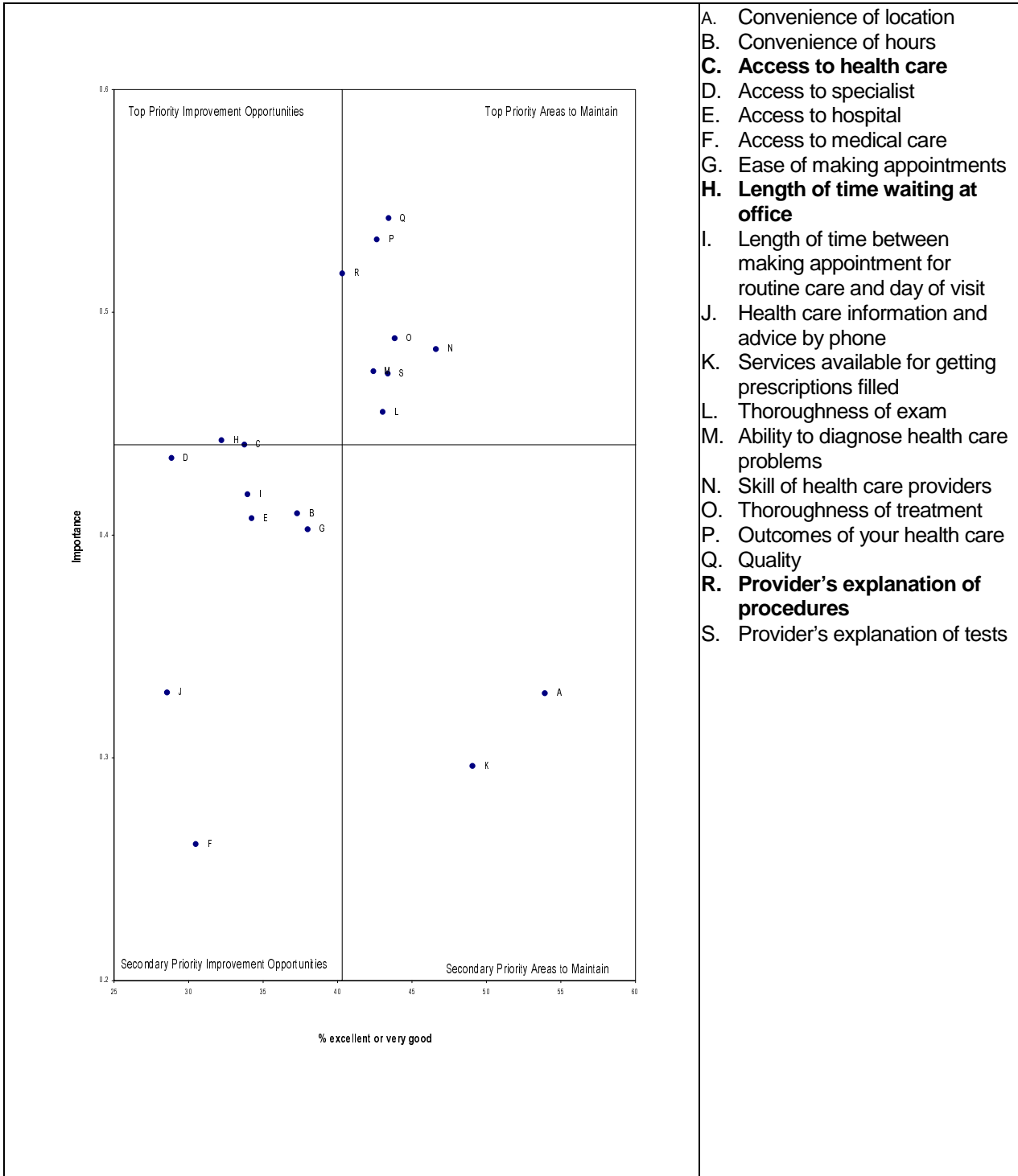
Bold items in the key to the right of this PIP identify aspects of military health care at Shaw AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office**
- I. Length of time between making appointment for routine care and day of visit
- J. Health care information and advice by phone**
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam
- M. Ability to diagnose health care problems
- N. Skill of health care providers
- O. Thoroughness of treatment
- P. Outcomes of your health care**
- Q. Quality**
- R. Provider's explanation of procedures
- S. Provider's explanation of tests

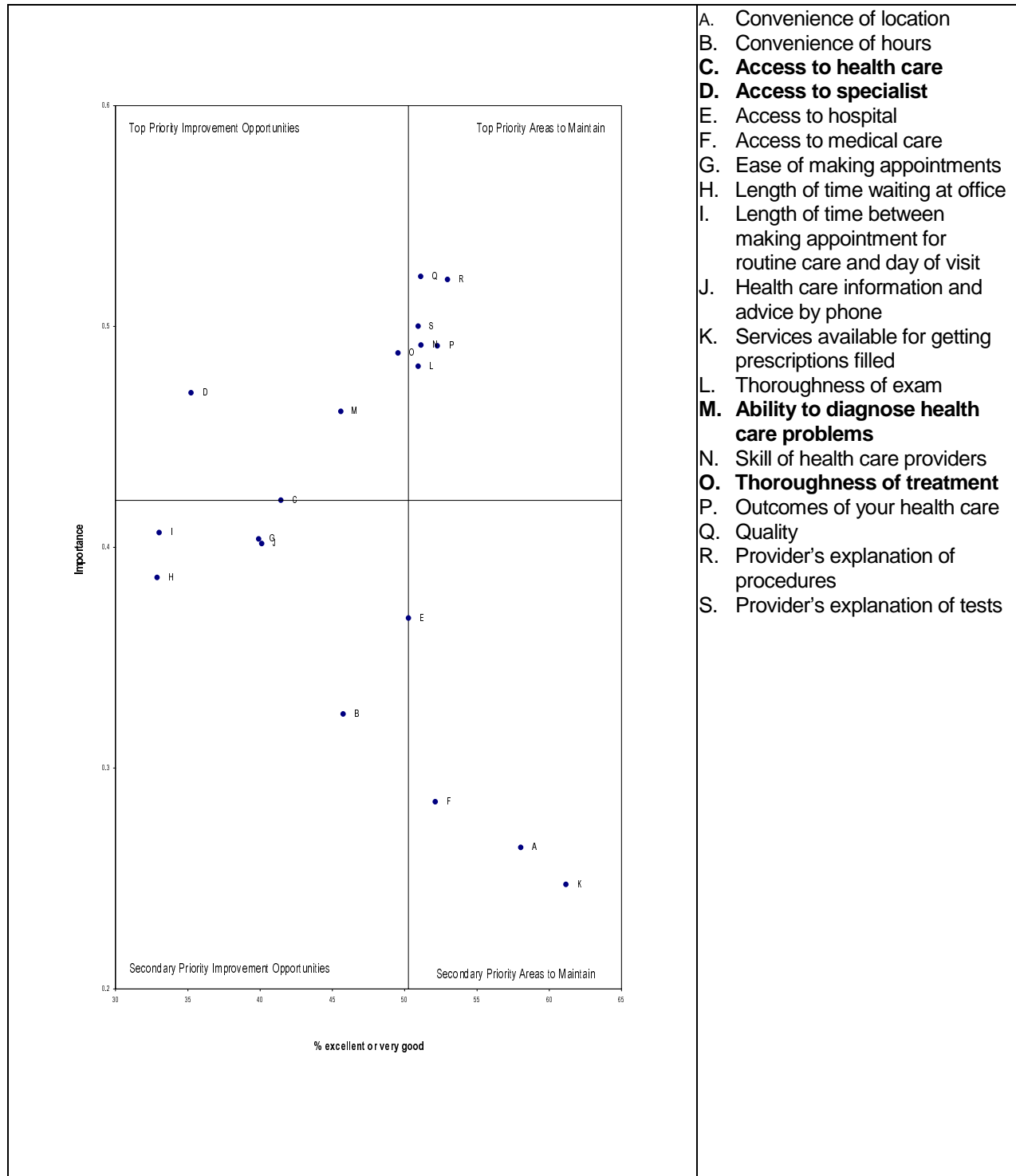
7.10 Performance Improvement Plan, NH Charleston

Bold items in the key to the right of this PIP identify aspects of military health care at NH Charleston that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



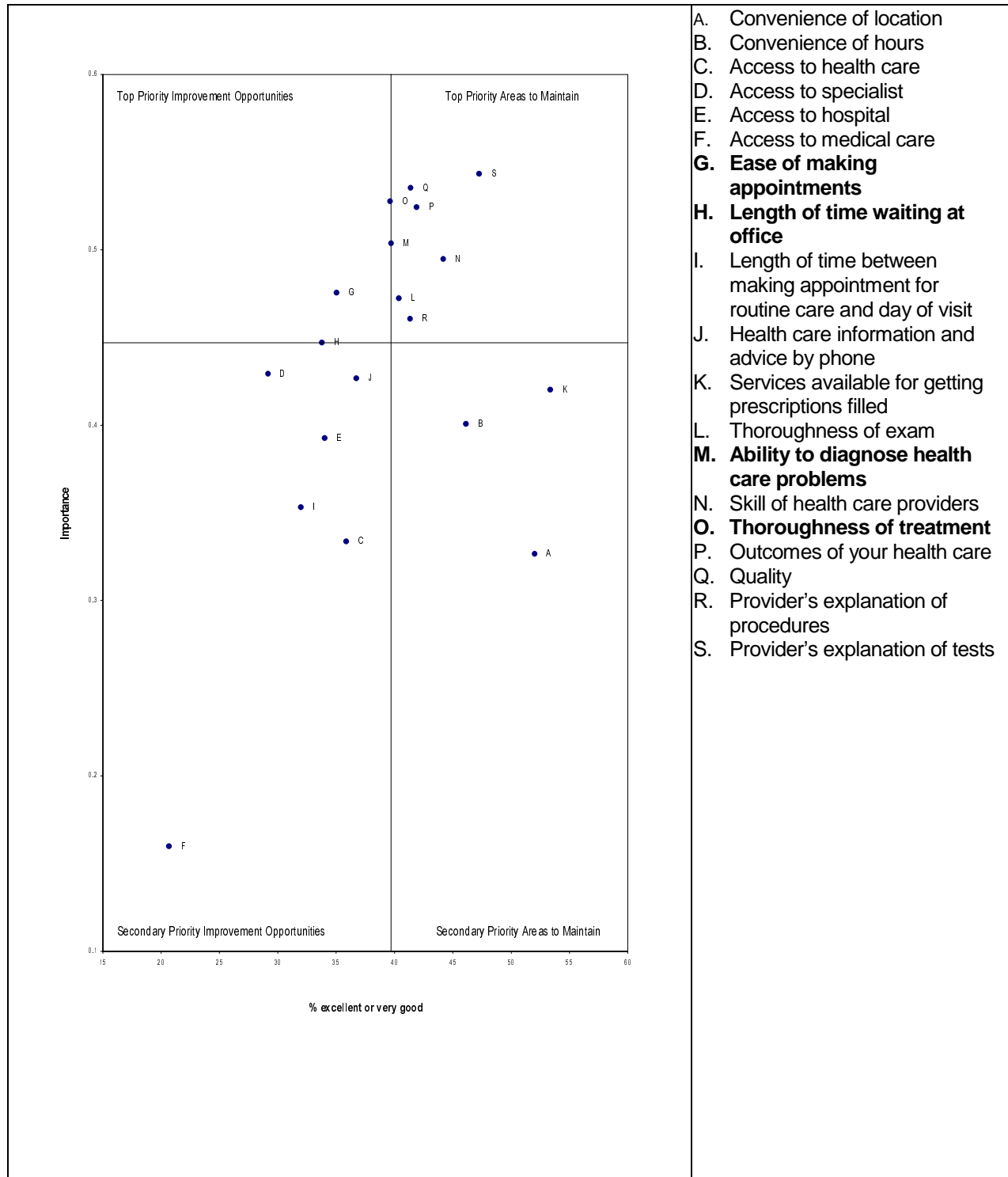
7.11 Performance Improvement Plan, NH Beaufort

Bold items in the key to the right of this PIP identify aspects of military health care at NH Beaufort that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



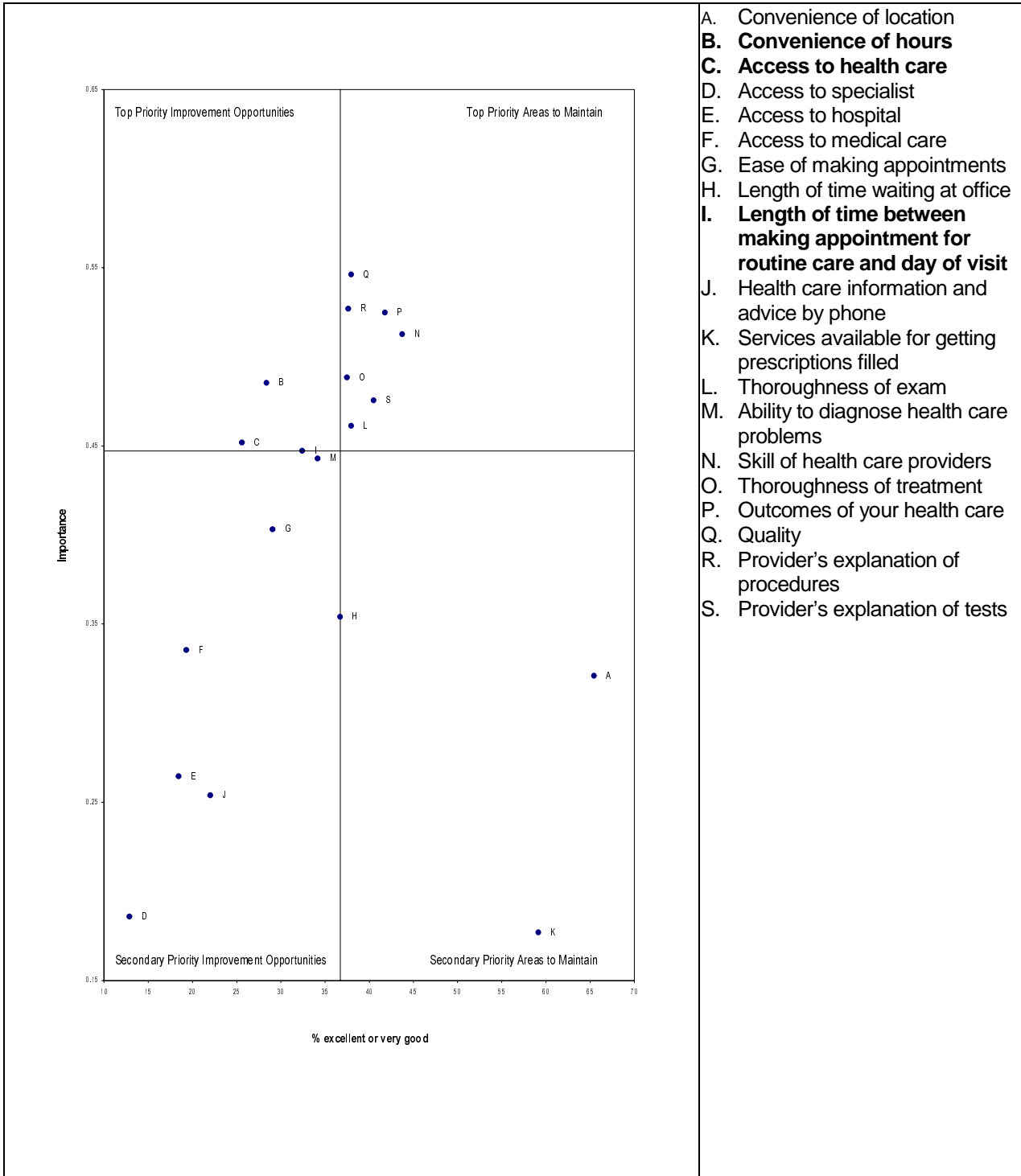
7.12 Performance Improvement Plan, Fort Jackson

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Jackson that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.13 Performance Improvement Plan, Charleston AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Charleston AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.14 Performance Improvement Plan, Clearwater USCG Clinic

Bold items in the key to the right of this PIP identify aspects of military health care at Clearwater USCG Clinic that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].

